MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE O	F MARYLAND-	-CERTIFICATE OF DEATH	05641
county Anna R	undal 60.	Registration Dist. No.	31
Village or City Sake	Shore	No. St.,  If death occurred in a hospital or institution, give its NAME instead of street as	War
Length of residence in city or town where da		osds. How long in U.S. If of foreign birth?yrs.	
2. FULL NAME Sophic	a flingel		
(a) Residence: No. Sake	(Usual place of abode)	Xurscul Grward.  If nonresident give city or town a	and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 <del>/</del> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George	Tingel	22. 6 1 HEREBY CERTIFY, That I attend	led deceasad fro
6. DATE OF BIRTH (month, day, and year)	Tay 25, 1853	I last saw haliva on6319	; death is sa
7. AGE Years Months	Days  If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife	Chouse myoen	Date of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 tndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data decassed last worked at	0		tory
10. Data decaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Known	Other Contributory Causes of Importanca:	4 6-
13. NAME Joseph &	iterburger		
13. NAME Joseph 14. BIRTHPLACE (city or town)	smany	Name of operation Data of What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Wall	orger	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	nlany	Accidant, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
17. INFORMANT Annue (Address) H/2 91. W	chefle are	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Balto: Colons.	Date Sult 16 , 1934	Manner of Injury Natura of Injury	
19. UNDERTAKER III. (Address) 2.3.3 4 July	illes for	24. Was disease or injury In any way related to occupation of deceased?	w
20. FILED 6 - 1 , 19 6 8 7	7.4.8 u	(Signed) and Comments	we.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	and all and all all all all all all all all all al		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	05672
1. PLACE OF DEATH	and -		00012
County and		Registration Dist. No.	21
Village or City wordlo	um Beach	NoS	t.,Ward
Length of residence in city or town where		death occurred in a horpital or institution, give its NAME instead of street.  ds. How long in U.S. if of foreign birth?  yrs.  Lucus	mosds.
(a) Residence: No/376 LL	(Usual place of abode)	St., Ward. Brestoorf one If nonresident give city or tow	vil and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193. (feer)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of		22. I HEREBY CERTIFY, Thet I ett	
6. DATE OF BIRTH (month, dey, end yeer)	an 16-1919	I last sew h alive on	
7. AGE Yeers Months	Deys If LESS then I dey,hrs.	to have occurred on the dete steted above, at	
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	charl Boy	Recidentel Frommen	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	/		
0 10. Date deceased last worked at this occupetion (month and yeer)	11. Totel time (yeers) spent In this occupation		
12. BIRTHPLACE (city or town) (State or country)	ryland	Other Contributory Causes of Importance:	
I 13. NAME & W. /	3 aker		
14. BIRTHPLACE (city or town)		Name of operation Dat	te of
(Stete of country)	rylund	Whet test confirmed diagnosis? Wes the	
15. MAIDEN NAME UNK	intr	23. If deeth was due to externel ceuses (VIDL ENCE) fill in elso the fo	ollowing:
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of injury_	, 19
17. INFORMANT & W Ba	ker -	Where did injury occur?	nd State) LIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Plece - Orb. January	Dete June 19, 1934	Menner of injury	
19. UNDERTAKER 13 L Ha (Address) Campan	famo ?	24. Was disease or injury in any way related to occupetion of decess	
20, FILED 6 /8 , 19 4	Mussel Registrar.	(Signed) Benj & Basilers (Address) 3 5 / Tylsk xt	a licento
If more	blanks are needed, address State Revisivar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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11.-The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

State OCCUPAshould

1. PLACE OF DEATH	17.3
County anne auer	Registration Dist. No. 23
Village or City Linthreiser	No St., Ward (If death occurred in a hospital or institution, give its NAME instead of atreet and number)
Length of residence in city or town where death occurredyr	rs,mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Seouses Jums	zastner
(a) Residence: No. Zunthou (Usual place of abo	Ward.  Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED ("write")	WIDOWED, in the word)  21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (month day and year) Sent. 21, 19	909. i last saw fundive on 2 193, 19; death is said
24/ 8 11 11	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, as SPINNER, Lehvol lea	when It of full of
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	A. J. Contraction and
this occupation (month and spant in the	his
12. BIRTHPLACE (city or town) Careoll Ele (State or country) Maryland	accidentit l'assume
14. BIRTHPLACE (city or town) Wishmundle (State or country) Range with	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Silla Grees	23. If death was due to external causes (ViOLENCE) fill in also the following:
16 DIDTUDI ACE (situation) (Weller Mide	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Hallancel Bacen go	Where did injury occur?(Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place LA Johns Washington  Date Johns Date	Manner of injury
19. UNDERTAKER HBankard + 3 ont (Address) Wednington De St	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Sime 2, 1034 Caldwell Wood	(Signed)M. D

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of cpilepsy F C E I V E D	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		THE NEATT V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-----------	---------	------------	----	-----------

	ORD. Every item of infor-	HYSICIANS should state	statement of OCCUPA.	
FOR BINDING	IS A PERMANENT REC	stated EXACTLY. PH	properly classified. Exact	certificate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very importan

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05674
1. PLACE OF DEATH	95.2
County A	Registration Dist. No. 2/
Village or City Amapolis	No. St Wa
Length of residence in city or town where death occurred	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Thomaso Henry	Boll - WIRNIN CARPORATE LIMITE O
(a) Residence: No. 178 Chestnet  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3-85X 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 26 1024
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND OF Sarah J. Bell.	22.   HEREBY CERTIFY, That I attended deceased from
10mil	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stetad above, atm.
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trada, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this companion (	1/01/999
Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Heren It Death But
10. Date deceased last worked at this occupation (month and year) spent in this occupation	Cirrott goods in you
12. BIRTHPLACE (city or town) Cape Charles (State or country)	Other Centributory Causes of importanca:
13. NAME Un brionn	
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of oparation Date of
	What tast confirmed diagnosis? Was thera an autopsy?
1	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida?
28 10 0 00 00	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALLE TO BELLE Balls (Addrass) 2.18 Charleton at Balls	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Musfield Data July 2, 1934	Natura of injury
19. UNDERTAKER - 1/3 Johnson	24. Wes disaase of njury in any way, related to occupation of deceased?
(Address) Apmaholis	If so, specify from the first the Hely
20. FILED 1924 Mind Registrar.	(Signed) Am M Holling Corone M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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related causes	Date of onset
	1 week ago
	1 week ago
	3 days ago
rtance:	
	1 year
	tance:

V. S. No. 1	•	MARGIN RESERVED FOR BINDING	1
N. B	-WRITE PLAINLY,	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	
1	mation should be car	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	O.
	CAUSE OF DEATH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
1	TION is very import	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05675
1. PLACE OF DEATH	<u> </u>
County CCC	Registration Dist. No. 21
Village or City Millers rice	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town where death occurradmos	How long in U. S. if of foreign birth?yrsmosds.
The state of the s	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY GERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) For 28-1933	liast saw have aliva on 1 france 6 4, 1934; death is said
7. AGE Years Months Days if LESS than I day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	were as follows:  Date of onset  Listentes  Prays
12. BIRTHPLACE (city or town) Q9.	Other Contributory Causes of importance;
(State or country) fund	Broncho Meuninia 3days
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an au'opsy MG_
15. MAIDEN NAME Clice R. R'alliss  16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicida?
17. INFORMANT Jas. J. Dennello	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL PREMATION, OR REMOVAL  Date / 7. 34 19	Manner of injury
19. UNDERTAKER 7. 1 Plus. Williams 1 Ary (Address) plushed	24. Was disease or injury in any way related to occupation of deceased?
20. FILE 5 -34 -, 19 5 Toyle & P. Registrar.	(Signed) Hope fllagande M. D. (Address) flen Burni E.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Reducting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURPALLY, S.	1		
Other contributory causes of importance:	'	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

1. PLACE OF DEATH

of infor-

item

STATE OF MARYLAND—CERTIFICATE OF DEATH

rendel	Registration Dist. No. 22	
very. Ind	No. St.	Ward
n where death occurredyrs, mos.	death occurred in a hospital or institution, give its NAME instead of street and u.s. ds. How long in U.S. If of foreign birth?mo	umber) osds.
ul Esten Bo	yer	
Severn Mid	St., Ward.	
(Usual place of abode) ATISTICAL PARTICULARS	If nonresident give city or town and	State
ACE   S. SÍNGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
OR DIVORCED (write the word)	June 904	, 193
, }	(Month) (Day)	(Year)
	22. I HEREBY CERTIFY, Thet I attended of	
n Jet 9-1933.	10.,10	; death Is said
onths Days If LESS than	to have occurred on the date stated above, et 7. A m.	, 40411113 3414
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
NER,	h 1 / face.	- 2-3 C
	1811 Hear green hay	,
.L,		~~~
11. Total time (years) spent in this		
occupation	Other Coutributary Causes of Importance:	
habo hat	Moast	
id . Boren	Manues	
Chad I	Name of operation Dete of	
he	What test confirmed diagnosis? Was there an at	utopsy?
&. Trans	23. If death was due to external causes (VIOLENCE) fill in also the following:	
1-2-1	Accident, suicide, or homicide? Dete of injury	, 19
	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	)
- that	Specify whether injury occupied in Tabustic, in Home, or in Public Pla	CE.
- 4 0 3.4	Menner of injury	~~~~~~~
1 Date 11, 19 31	Nature of Injury	
iche otone	24. Wes disease or Injury in any way related to occupation of deceased?	w
Mr. H. Dogo as	If so, specify  (Signed)  (Signed)	
Registrar.	(Signed) (Address)	M. D.
If more blanks are needed, address State Registrar,	7770	May

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County acur acoust	Registration Dist. No. 23 Ld
Village or City Cat tack Creek. a. a. Co.	
Length of residence in pay or town where death occurredyrsfeliomage	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John Francis Bro	Summer home)
(a) Residence: No. 506 E Chase St.	St. Ward. Balteman, md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  June (Month) (Day) (Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of Auna C Bracken	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, end year) Sept 30 - 1873	I lest saw h elive on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
60 8 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
Mindustry or business in which work was done, as SILK MILL,	arturesclusion
SAW MILL, BANK, etc	
(%) year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Dellacer 72 3  (State or country)	
13. NAME John Francis Brocker	
14. BIRTHPLACE (city or town) Backesser	Name of operation
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME acces Jones	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Saltanon (State or country)	Accident, suicide, or homicide?
17. INFORMANT String 6. Bracken	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL GREMATION, OR REMOVAL Sequely	Manner of Injury
PlaceMor land Harle Vate June & a, 19.3	Nature of injury
19. UNDERTAKER CLINET WOONSELL	24. Was disease or Injury In eny way related to occupation of deceased?
20. FILED 6/17 1934 PROBALLA RESISTAT.	(Signed) track. Hellow the M.D.
	(Address) Seaton for K. M.S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1021	Run over by street car	1 week ago
Cerebral hemorrhage	Jan 1827	Peritonitis	3 days ago
70	93 P	:	
Other contributory causes of importance:	No.	other contributory causes of importance:	
Gallstones	May 1,1923		1 year
	3		
	1		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
		HEINEAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
,22.			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	IAN
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item of infor-

plnods

OCCUPA-

1 PLACE OF DEATH

County Anna An	Te barra		(108)
County Anne Al			Registration Dist. No. 21
Village or City West Annapolis			No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred		sds. How long in U.S. if of foreign birth?
2. FULL NAME HELEN	STANDLEY	BYRNE	
(a) Residence: No. West Ann			St., Ward.
(a) Residence. No. 11-3-3-3	(Usual place		- If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
female 4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  June 11 , 193 4 (Month) (Dey) (Yeer)
5e. If married, widowed, or divorced			
(or) WIFE of James Fran	ncis Byr	ne	22. I HEREBY CERTIFY, That I ettended decessed from
		7.005	
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months	Days	1905	1 6.45
	1 1 1 1 1 1 1 1	1 dey,hrs.	
29   ]	1 12	ormin.	were es follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	housewi	fe	Juliunoma lober 6-1-39
9. Industry or business in which		# i = i = i = i = i = i = i = i = i = i	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc			
- I this occupation (month and		ime (years) ntin this	
year)	OCOL	upation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Lutui	la.		loue
(State or country) Samos	2 2 2000		
13. NAME William H. S	Standley	•	
to the state of th	kiah.		Neme of operation were Dete of
(State of country)	Californ	18.	What test confirmed diegnosis? Physical Supress there en autopsy? We
15. MAIDEN NAME Evelyn Cu	rtis		23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
	overdale		Accident, suicide, or homicide? Dete of injury, 19
(State or country)   California.   17.INFORMANT James F. Byrne, (Address)   t Annapolis Md.			Where did injury occur?(Specify city or town, county and State)
			Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		10 41	Manner of Injury
Plece Annapolis, Md.	Date 6	J ,1934	Nature of Injury
er undertaker John M. Tay	lor.		24. Wes disease or injury in any way related to occupation of deceased? (CC)
(Address) nnapolis Mo			If so, specify
20. FILED 6- 13 1934	& Mrs	Ther.	(Signed) forman Johnson M. D

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. should state of OCCUPA-

1. PLACE OF DEATH	(IFE)
County 1 — CC —	Registration Dist. No. 2/
Village or City annafirlis Md	No. St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Mary Entla Chew	WITHIN CORPORATE LIMIT
(a) Residence: No. 13 South Street (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 15- 1934 (Month) (Day) (Year)
HUSBANO of (or) WIFE of Jas: Chew Widows	22. A I HEREBY CERTIFY, That I attended eceased from
Dec. 12, 1852	I lest saw hex elive on June 12 1934
AGE Years Months 6 Days If LESS than 1 day, hrs.	to heve occurred on the date stated above, et 2m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or postiguitar	were as follows: Senile Decay - Oato of onse
9. Industry or business in which work was done, as SILK MILL.	3) The Springles &
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Oate deceased last worked et this occupation (month and year)  11. Total time (years) spent in this occupation	Kellensis n / oxicosis
2. BIRTHPLACE (city or town) WEST River	Other Constituted Causes of importance:
13. NAME Benfamm W Bown  14. BIRTHPLACE (city or town) W 26 1 River	Causing Kessingtory
14. BIRTHPLACE (city or town) WYST RINGER  (State or country) a - a - co - Md	Nama of operation Dete of Dete of What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Collen Sydings	23. If deeth was due to externel causes (VIQLENCE) fill in also the following:
15. MAIOEN NAME & LEM Sydings  16. BIRTHPLACE (city or town) VEST River  (State or country) a a co md	Accident, suicide, or homicide? Dete of injury Wal 19.
7. INFORMANT Offen Chew (Address) 185 South SI	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Program whilf Caml Oate 6. 18, 1934	Manner of Injury
9. UNDERTAKER & HB Sarker  (Address) 47 Washington Street.	24. Wes diseasa or injury In any way related to occupation of deceased?
0. FILEO 6-18, 1934 JAM 111/2 Registrar.	(Signed) Marwell HINDS M.  (Address) 30 Clay Street

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ISURFAU V 1	1 5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>93-2</u>
County Come Coundel	Registration Dist, No. 2/.
Village or City Rock Point	No. Rock Point Rd & Ward
Length of rosidence in city or town where death occurred 40 yrs. mo	f death occurred in a hospital or institution, give its NAME instead of street and number)
1, 0 0, 1	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry a Cools	
(a) Residence: No. / OCA Point Rd	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nortic the word)	21. DATE OF DEATH Kime 8 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phoda // Cook	22. 1 HEREBY CERTIFY, That I attended deceased from
7,0000	, 19, to
6. DATE OF BIRTH (month, day, and year) Sec 30 /838	t last saw h; death is said
7. AGE Years Months Days tf LESS than 1 day,hrs.	to have occurred on the date stated abova, at
8. Trade, profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER furmer SAWYER, BOOKKEEPER, etc.	me de la companya della companya de la companya della companya del
kind of work done, as SPINNER, furnier SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at	
10. Date deceased last worked at this occupation (month and 6/8/34)  11. Total time (years) spent in this occupation 6/8/34	
12. BIRTHPLACE (city or town) & ake Shore (State or country) a a a co ma	Other Contributory Causes of Importance:  Centre Carolinac dilatelian
13. NAME William H Cook  14. BIRTHPLACE (city or town) Lorchester Co	6-9-
14. BIRTHPLACE (city or town) Lorchester Co	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Im K Hancock	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME am R Hancock  16. BIRTHPLACE (city or town)  (State or country)  Many Canada	Accident, suicide, or homicide? Date of injury, 19
Test of the state	Where did injury occur? (Specify city or town, county and State)
(Address) Rock Point ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place. Magolky Cemety Date June 10, 1934	Nature of injury
19. UNDERTAKER John F Denny	24. Was disease or injury in any way related to occupation of deceased?
(Address) 713 Light St	If se, specify
20. FILED 6-8, 1934 Z-4- W lee	(Signed) A. C. Y. Cest M. D.
Registrar,	(Address) apadew und.

IS A PERMANENT RECORD. Every

N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of inforshould state

of OCCUPA.

Exact statement

properly classified.

certificate.

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it may

(TH in plain terms, so that

See instructions on back

important.

CAUSE OF I

V. S. No. 1

N. B.

18. BURIAL, CREMATI

19. UNOERTAKER

(Address)

ck

	OF DEATH	*****	183)		
County	Anne Arundel		Registration Dist. No.		
Village or	City Riviera Be	ach	No.  death occurred in a hospital or institution, give its NAME instead of	St.,Ward	
			death occurred in a hospital or institution, give its NAME instead ofds. How long in U.S. if of foreign birth?yrs.		
		lvania Czyryca			
(a) Reside	nce: No. 306 - S - An	(Usual place of abode)	St., Ward.	town and State	
	NAL AND STATISTIC		MEDICAL CERTIFICATE OF D		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 27th (Month) (Oay)	, 193 <b>4</b>	
5a. If married, wido	wed, or divorced	ornare			
(or) WIFE of			22.   HEREBY CERTIFY, That		
	(month No Kember	C + 11	, 19, to		
	ears Months 9	13 Days   If LESS than	I last saw h alive on	.,	
TO AGE	and the same of th	1 day,hrs.	to have occurred on the date stated above, at _IQ645m. P.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
7 . 20	ession, or particular	ormin.	were as follows: Oate of o		
kind of	work done on CDININED		Accidental Drownning		
C   v. inquotif of	R, BOOKKEEPER, etc.	sitoring			
S SAW M	as done, as SiLK MILL, ILL, BANK, etc				
	sed last worked at upation (month and	II. Total time (years) spent in this occupation			
12. BIRTHPLACE ( (State or co	city or town)Baltin	nore	Other Contributory Causes of Importance:		
13. NAME		Md			
T .	Anthony Czyr	rea		1	
14. BIRTHPLACE (city or town) Poland (State or country)			Name of operation		
15. MATOEN N	AME .		What test confirmed diagnosis? Was		
15. MAIOEN N	AME Magalene	4	23. If death was due to external causes (VIOLENCE) fitl in also th		
State of	E (city or town) Po-1-and	}	Accident, suicide, or homicide? Date of inju Where did Injury occur?	iry, 19	
17. INFORMANT			(Specify city or town, coun Specify whether injury occurred in INOUSTRY, in HOME, or in P	aty and State)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address)

oroner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 - 000, 6 1300			
Other contributory causes of importance:		Other contributory causes of importance:	3.7.1
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT R.

V. S. No. 1

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH 05683
Village or City Chance a for C	/	Registration Dist. No.  No.  St., War death occurred in horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME Severa (a) Residence: No./5/ //2 Market	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 w	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  2 (Month)  (Day)  (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	waggett	1 HEREBY CERTIFY That I attended deceased from 24 1934, to pure 26, 193
6. DATE OF BIRTH (month, dey, and yeer)  7. AGE  Years  9 Months  2. 2  18. Trade profession or perticular	9 28 —	to heve occurred on the dete stated above, at
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc		Lobor Pneummen fine
work was done, es SILK MILL, SAW MILL, BANK, etc  10. Dete deceesed last worked at this occupetion (month and yeer)  12. BIRTHPLACE (city or town)	11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Q - Q. (State or country)	co maj	Dther Contributory Causes of Importance:
E 13. NAME OLLS VO	nous	
13. NAME VOLUMENT STATES AND STAT	200	Name of operation Dete of Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Beacha	Nickels	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)  17. INFDRMANT (Address)	eo mp	Accident, suicide, or homicide?
18 BURIAL CREMATION OF REMOVAL	ete / 28 , 1934	Manner of Injury
19. UNDERTAKER 13. L. Hoffer (Address) anaptica	mayled	24. Was disease or Injury in eny wey related to occupation of deceased?  If so, specify
20. FILED 6. 7-8 1954 W	Mary S Registrar.	(Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritomitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER important.

certificate.

back

instructions

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should be carefully

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No.\_\_ NO. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred vrs. \_\_\_\_\_ds. How long in U.S. if of foreign birth? \_\_\_\_\_\_vrs. \_\_\_\_\_mos. \_\_\_\_ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Months Devs If LESS then 1-der, 2 /2 hrs. The PRINCIPAL CAUSE OF DEATH and related couses of Importance Data of onset 8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Dete deceesed last worked et 11. Totel time (years) spent in this this occupetion (month end Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? \_\_\_\_\_ Was there en eulopsy? 23. If death was due to external ceuses (VIOLENCE) fill in also the following:

14. BIRTHPLACE (city or tow (State or country) 16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Where did injury occur? ....

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

Menner of injury

24. Wes disease or injury in any way related to occupetion of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting N. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Evample II

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALIENS AND			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

		ATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	05685
1	PLACE OF DEATH	A 2211 20 (	11			21
	County inne				Registration Dist. No.	~ <u>L</u>
	Village or City An	napoli	L S	(If	No. 25 Randall  death occurred in a hospital or institution, give its NAME instead of stre	St., Ward
	Length of residence in city or	town where d	leath occurred		ds. How long in U.S. if of foreign birth?yrs	
2	. FULL NAME CAR	RIE DE	ROLL			
	(a) Residence: No.25	Randa			St., 1 Ward.	
	PERSONAL AND	ETATICT!	(Usual place		If nonresident give city or to	
3. 5	SEX 4. COLOR OF		S. SINGLE, MAR	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH June 8	
	female   whi	te	marrie		(Month) (Oay)	193 <u>T</u> (Year)
58.	If married, widowed, or divorced HUSBAND of (or) WIFE of JOSE	ph Dro	011, Sr.		22. A I HEREBY CERTIFY. That I et	S
6. I	DATE OF BIRTH (month, day, and	i year) Ji	ine 5. ]	.872		9.7 4; death is said
7. /	AGE Years 62	Months	0eys 3	If LESS than I day,hrs.	to have occurred on the date stated above, at off m.  The PRINCIPAL CAUSE OF DEATH and releted causes of important were as follows:	ce
z	8. Trade, profession, or particu	ılar		i orinili.	arterioscherter Carder	Date of onset
음	kind of work done, as S SAWYER, BOOKKEEPER,		housewi	fe	Vaoculas deseone	Jan-1934
JPA	9. Industry or business In whi work was done, as SiLK	MILL.				X
OCCUPATION	SAW MILL, BANK, etc  10. Oate deceased last worked this occupation (month e year)	at	sper	me (years) it in this pation		
12.	BIRTHPLACE (city or town) (State or country)	Penns	sylvania		Other Contributory Causes of importance:	
œ	13. NAME George H			4	(Cueix Judnum)	
FATHE	14. BIRTHPLACE (city or town). (State or country)	Balt	timore. Varvland			ate of
2	15. MAIOEN NAME Anna		inau		What test confirmed diegnosis? Clause Edel Was the	
MOTHE	16. BIRTHPLACE (city or town). (State or country)	Balti			23. If death was due to external causes (VIOL ENCE) fill in also the formation of the second of the	, 19
17.	INFORMANT Mr. Jo (Address) Annano		Drodl, S	or.,	(Specify city or town, county a Specify whether injury occurred in INOUSTRY, in HOME, or In PUB	and State) LIC PLACE.
18.	BURIAL, CREMATION, OR REMO		oate July	11 ,19 34	Manner of injury	
19.	UNDERTAKER John M (Address) Annapo		lor,		24. Was disease or injury in any way related to occupation of deceas	ed? (hb
20.	FILEO 7-11 , 193	4	7-JMs	Registrar.	(Signed) Address) Willes Williams (Address) Williams Williams (Address)	M. D.
		If more I	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
penerali V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	946)
County a a	Registration Dist No. 24
Village or City annapoles on	No. The Property of the NAME instead of street and number)
Length of residence In city or toyn where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Indrew / h	Question WITHIN CORPORATE LIMITE OF
(a) Residence: No. 7/cgh Sakor Congress (Usual place of above)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of     Wilded   W	22. MALL 2 6 13 U to See 2 19 3 X
6. DATE OF BIRTH (month, day, and year) Col 21-1890	I last saw h. aliva on June (2 ,195 V; death is said
7. AGE Years Months Days If LESS th	
43 7 12 1day	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	he Cornary Thomboso May ?
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at the occupation (months and	
1D. Data deceased last worked at this occupation (month and year) 11. Total time (years) 2 spent in this occupation	
12. BIRTHPLACE (city or town) Bright Grangia (State or country)	Other Contributory Causes of importance:
13. NAME William. Duncan	
13. NAME Williams. Reserved	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Nu
15. MAIDEN NAME Superior	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME    15. MAIDEN NAME	Accident, suicide, or homicide?
17. INFORMANT & mildred Deinicare (Address) and follow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place December 15 Miles 100 Data June 4, 15	Manner of injury
19. UNDERTAKER B. Z. Hoffing (Address) Grand 1865 - M.	24. Was disease or injury In any way related to occupation of deceased? 16 so, specify
20. FILED 6 3 , 19 3 4 7 7 Marsh	(Signed) Leory Chamle M.

CTATE OF MADVI AND

CEDTIFICATE OF DEATH

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1 B of OCCUPA.

	1. PLACE	OF DEA	тн		YLAND—	CERTIFICATE OF DEATH 05	687				
1			Arunde		3	Registration Dist. No.					
1					(1	Out No. River  St.,  f death occurred in a hospital or institution, give its NAME instead of street and  s	number)				
1			GUSTIN			DESCRIPTION OF THE PROPERTY OF THE PARTY OF					
	A.		lashingt		C.	St., Ward.  If nonresident give city or town and	d State				
	PERSO	NAL AN	D STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH					
	3. SEX	4. COLO	R OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 3					
	male		nite	sing	_	(Month) (Day)	(Year)				
	5a. If married, wid HUSBAND of	owed, or dive	orced			22. I HEREBY CERTIFY, That I attended	deceased from				
	(or) WIFE of					19, to					
re.	6. DATE OF BIRT	H (month, da	y, and year)Ma.T	ch 30.	1906.	I last saw h, 19,					
certificate	7. AGE	ears	Months	Oays	If LESS than	to have occurrad on the data stated abova, atm.					
T.		28	2	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset				
instructions on back	9. Industry or business in which work was done, as SILK MILL, Dominican Republic SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) Santiago.					Other Contributory Causes of importance:	-				
tru	(Stata or co			ican Ke	epublic						
ins	13. NAME		tin Ace								
See	14. BIRTHPLACE (city or town) Santiago, (State or country) Dominican Republic   15. MAIDEN NAME Alida Feliu					Nama of operation Date of					
						What test confirmed diagnosis? Was there an a					
important.	16. BIRTHPLA		wn) Sar	tiago ican Re	public	23. Il death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide ACCIDENT Date of injury 6/Where did injury occur? Creek off South Riv	3 <sub>19</sub> 34				
very in		lashir	eton. I	esprade	l. Minis	(Specify city or town, county and States) (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL					
TION is	18. BURIAL, CREM		emoval O, R.D.	Date 6	7- 1934	Manner of Injury					
TIO	19. UNDERTAKER . (Address)	Anna	M. Tay	lor,	4.	24. Was disease or injury In any way related to occupation of deceasad?  Il so, specify  (Signed)	. M. D				
1	20. FILED_6(	,	If more	blanks are needed,	Redistrar. address State Registrar,	(Address) Am frata Ma lows 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	ner				

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11	Example II
Date of onset	The principal cause of death and related causes Date of onse of importance were as follows:
1915	Attack of epilepsi
1921	Run over by street car \ 1 week a
July 5,1927	Peritonitis 3 days as
	2 2 7
	Other contributory causes cimportance:
May 1,1923	Gastroenteritis 1 year
	1. ~)
	100
	1915 1921 July 5,1927


OCCUPA

plnods

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 24.11 N. Charles Street, Baltimore, Requesting W. S. No. 2.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago 1915 Arteriosclerosis 1 week ago Run over by street car 1921 Chronic interstitial nephritis 3 days ago Cerebral hemorrhage July 5.1927 Peritonitis Other contributory causes of importance: Other contributory causes of importance: 1 year May 1,1923 Gastroenteritis Gallstones

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1) (1) (1)
County T. T.	Registration Dist. No. 21
Village or City Hamaholis	No. St Ward
1 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	death occurred in a hospital or institution, give its NAME instead of street and number)
N 100.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME // selection /. H	WITHIN CORPORATE LIMITE
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mule Colored OR DIVORCED (rurice the word)	Ine 20 1934
5a. If merried widowed or dispresed	(Month) (Day) (Year)
HUSBAND of Livenia And	22.   I HEREBY CERTIFY, That I attended deceased from
10 1 10.00	Mene 14 1934 to large do 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	last saw h allve on the last is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at
8. Trade, profession, or particular	were es follows:
Nade, profession, or particular kind of work done, as SPINNER, Offstelman	
9. industry or business in which	ahdute
work wes done, as SILK MILL, SAW MILL, BANK, etc.	1.7.5.2
yeer) ocsupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	de d
(State or country) Walvett C. fred	Musician
13. NAME to pulse Hord	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jurenta Mond	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 6 Charge  18. BURIAL, CREMATION, OR REMOVAL	
Place As bury an Date time 27 1034	Menner of injury
0 th 0	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any wey related to occupation of deceased?
	If so, specify
20. FILED 6 273, 19 34 AMAN	(Signed M. D.
Tymore blanks are needed, address State Revietrar	(Address)
- The state of the	The an Country Direct, Danimore, Requesting U. S. IVO. I.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU	7.7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
B.—WRITE PLAINLY,	mation should be ca	CAUSE OF DEATH	TION is very import

		OF MAI	RYLAND-	CERTIFICATE OF DEATH	45.001
1. PLACE OF D		2		(34)	05691
	ine Arunde		77	Registration Dist. No.	/ 
Village or City	Crownsv.	rile Si	tate Hospi	T & _NDSt.,	Ward
Length of residence	in city or town where	death occurred_	yrs. 7 mos	f death occurred in a hospital or institution, give its NAME instead of street and s	number)
2. FULL NAME		cy Giln			
				d st Word	
	The second secon			d St., Ward.	d State
	AND STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
female 4.0	black	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH  June 3rd  (Month) (Day)	193 4
5a. If married, widowed, or HUSBAND of	divorced			(32)	(Year)
(or) WIFE of				22. I HEREBY CERTIFY, Thet lattender October 11 19 33 to June 3rd	deceased from
6. DATE OF BIRTH (month	day and year) 7	298		7 7 7	l ; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 12:15 m. M.	r_, ueath is said
36	Unki	own	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession		20 1122	( 0	Acute nephritis	Date of onset
SAWYER, BOOK	KEEPER, etc	Unknow	vn		
Mind of work d SAWYER, BDO! 9. Industry or busine work was done SAW MILL, BA 10. Date deceased last this occupation	ss in which as SILK MILL.				
10. Date deceased last	worked at	11. Tota	nt time (years) pent in this		
this occupation year)	(month and	S	pent in this		
12. BIRTHPLACE (city or to	wn Mary	Land		Dther Contributory Causes of Importance:	0
(State or country)	(WII)	************		Lues	
13. NAME Igns	tius Coll	Lins			
13. NAME Igns	or town) LEET	land		Name of operation Dete of	
(State or count				What test confirmed diagnosis? Was there an	
15. MAIDEN NAME	Lens B	itler		23. If death wes due to external causes (VIDLENCE) fill In elso the followin	
15. MAIDEN NAME  16. BIRTHPLACE (city		rland		Accident, sulcide, or homicide? Date of Injury	
(State of Count	**			Where did injury occur? (Specify city or town, county and Sta	
(Address)	pital Red Crownsvil		ryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION,		-61	1 . 5 (	Manner of injury	
Place.	U. Clevela,	9-0ate		Nature of injury	
19. UNOERTAKER	.o. Win	lerode	Kugh-	24. Was diseese or injury in any wey related to occupation of deceased?	
(Address)	alexbury	- hu	6-	If so, specify	J.
20. FILEO	3,10 B	00	togee	(Signed) ALTA & /////STORE	M. D.
		2	Registrar.	(Address) Ul'Ovnsvilla	

If more blanks are needed, address State Registrar, 2411 N. Charles Street Rat-

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 6 1934	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 05692
$\cap$ $\cap$ $\cap$	Decisionation Diet No. 20
County W. 4	Registration Dist. No. $\sim D$
Village or City State Ville	NoSt., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city of town where death occurredyrsmo	s ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME LLVY LINOS	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Yéar)
. If married, widowed, or divorced HUSBAND or (or) WIFE of Public B Gross	22. I HEREBY CERTIFY. That I attended deceased f
DATE OF BIRTH (month, day, and year) June 12, 1865	I last saw h the aliva on May 20 , 1934; death is
AGE Years   Months   Days   II LESS than	to have occurred on the data stated above, atm.
68 // 28 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and laided causes of importance
Trade, profassion, or particular kind of work done, as SPINNER, Jabores SAWYER, BDOKKEEPER, etc.	Carolie Myrearlis Date of or
	Chrone Hesteriles
9. Industry or business in which work was done, as SILK MILL,	
SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  11. Total tima (years) spent in this year)	
2. BIRTHPLACE (city or town) a.a. Leo. Jud.	Dther Contributory Causes of importance:
13. NAME LLY SINOS	
" /	Name of apprehim
(State or country)	Nama of operation
15. MAIDEN NAME Manthua Alvors	23. If death was dua to external causes (VIDL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury 19
(State or country) Symmus	Whera did injury occur?
INFORMANT GADINATE FINA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL  Place Laurelle Date June 1934	Manner of injury
UNDERTAKER Signal Atapathaty Guller (Address) Lales rolle	24. Was disease or injury in any way related to occupation of deceased?
FILED June 12, 1934 4, TP Clayton	(Signed) A 2 Late

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Ex	ample I		Example II		
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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certificate.

TION is very important. See instructions on back of

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 056	93
1. PLACE OF DEATH	THE changed yearn 130	
County W. Co., Co.,	Registration Dist. No. 21	
Village or City Lennapolis (If	No. 3 2 St., death occurred in a horpital or institution, give its NAME instead of street and number	Ward
	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Other Hawkens	)	
(a) Residence: No. 32 Desert.	St., Ward.	
(Usual place of abode)	It nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATR®	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Oay)	Year)
la. If married, widowed, or divorced HUSBANO of		
(or) WIFE of	22. HEREBY CERTIFY, That I attended docean	sed from
6. DATE OF BIRTH (month, day, and year)	last saw her alive on Sund (13 1934 deal	th is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11	
3233 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
1 9 Trade profession or particular	Oate	e of onset
SAWYER, BOOKKEEPER, etc.	Unite hephrelis me	24 2/2
9. Industry or business fn which work wes done, es SILK MILL,	urema gu	W 10.
SAW MILL, BANK, etc	The ocute nephritis was of presperal origin.	
O this occupation (month and spant in this occupation	Cw4R 8/2/1925	
12. BIRTHPLACE (city or town) lennapoles	Other Coutributory Causes of importance:	
(State or country) a, a, co.		
13. NAME 10tm. Themas Ware		
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an au'ops	y?_ No
15. MAIDEN NAME Support Property of town State of country	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Servithe Revenue	Accident, suicide, or homicide? Oate of injury,	19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	Specify whether injury occurred in fNOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Queen , 19 3 .	Nature of Injury	
19. UNDERTAKER Chan & Victor	24. Was disease or injury in eny wey related to occupation of deceased? The	
20. FILEO 6 17 , 1932 Missple Registrar.	(Signed) 18.1. Kullen for Church!	M. O.
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-03:41-1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ä Exact statement of OCCUPA-

STATE (	OF	MARYL	AND-	-CERTIFI	CATE	OF	DEATH
---------	----	-------	------	----------	------	----	-------

0	5	6	9	4
V	0	1)	V	K

1	1. PLACE OF DEATH	93m	
	County A. A. County	Registration Dist. No.	
	Village or City Near Laurel	No.	Ward
	Length of residence in city or town where death occurred 30 yrs — mos	death occurred in a horpital or institution, give its NAME instead of street and numbe  ds. How long In U.S. if of foreign birth?	(1)
	2. FULL NAME ALIGE HENSOR	mos	0\$.
	(a) Residence: No.	OL W. A	
	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH	./
	Female Golored Widowed	(Month) (Day) (193	Year)
Ja.	If married, widowed, or divorced HUSPAND-of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decees	sed from
	(or) WIFE of Dan Henson	10/1	93.4.
	DATE OF BIRTH (month, day, and year) about 1854	I last saw h.e.z. elive on 4/18 , 1934; deel	h is said
l.	AGE Years Months Days If LESS then 1 day,	to heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence	
	8. Trade, profession, or particular	were as follows:	ofonset
OCCUPATION	kind of work done, as SPINNER, House wife	ma - 1 1 - 5	30
	9. Industry or business in which work wes done, as SILK MILL.	July 1.4	3.0
S	SAW MILL, BANK, etc		
0	this occupation (month and spent in this year) occupation		
12	BIRTHPLACE (city or town) Montgomery Co	Other Contributory Causes of importance:	, ,
	(State or country)	Coronary Thrombrus 6	1.8/34
IER	13. NAME - unknown		
FATHER	14. BIRTHPLACE (city or town)	Neme of operation Date of	
-	(State or country)	What test confirmed diagnosis? Was there an autops	nno
MOTHER	15. MAIDEN NAME	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:	
MO	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 1	9
Garage Saith		Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT OFFICE VMI	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL R.R.Co.	Manner of injury	
_	Place Becan's Chapel Date June 20, 1934	Nature of injury	
19.	UNDERTAKER A Ditt Douglelow	24. Was disease or injury in any way related to occupation of deceased? 210	
-	(Address) France, Mel,	If so, specify	
20.	FILED June 20, 1934 Clara M. Paslup.	(Signed)	M. D.
II,	Here Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago July 5,1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
---

V. S. No. 1

	ould state	OCCUPA-	1
	Sh	Jo	
	YSICIANS	statement	
	. PH	Exact	
MILE FLAIMLY, WILL CALABING IMETING IS A LIMITED TO	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
7 7 7 7	stated E	properly	ON is very important. See instructions on back of certificate.
711	be	pe	Jo
THEFT	plnods	it may	on back
DATE	AGE	o that	tions
CAL TAD	supplied.	terms, s	ee instruc
AV T T T V	refully	in-plain	ant.   S
LAIMLI	uld be can	DEATH	ry import
4	sho	OF	SVe
TITT	tion	ISI	ON

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05695
1. PLACE OF DEATH	7 (73)
county and and	Registration Dist. No.
Village or City Curts tree	NoSt., Ward death occurred in a hospital or inslitution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	
2. FULL NAME Wilbur Xlo.	lmas)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Oor WIFE of Bula Columns	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Punker. 1894	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S Trade, profession, or particular kind of work done, as SPINNER, Calorer SAWYER, BOOKKEEPER, etc.	accidental divining
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 20 - 21 total time (years) spant in this occupation work at the compation occupation.	Other Contributory Causes of importance:
(State or country)	-
35. WAINE	3 5.0
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME WIKO WA	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFDRMANT Bella Colines (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date  6. 20,1900	Manner of Injury
19. UNDERTAKER Salto, Mid.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 6-24, 1934 2.4. 08 Lever.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" vine, a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any portant complication of the principal cause. Under other contributory causes of importance, name other important diseases or in these. Examples:

Example I	İ	Example II	fi .
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DELINEAU V. S.	1		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1 2 ż certificate.

See instructions on back

state

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of infor

item

of OCCUPA-

STATE OF MARYL	AND-	CERTIFICATE OF DEATH	696
1. PLACE OF DEATH		<u> </u>	
County W. Cu.	الم	Registration Dist_No. A 2	
Village or City Connect Oli		40. 121 Calvert Carlos,	Ward
Langth of rasidence in city or town where daeth occurred	(If	If death occurred in a hospital of institution, give its NAME instead of greet and nursds. How long In U.S. if of foreign birth?yrsmos.	
2. FULL NAME BOOK NO.	uns of Co	St., Ward.	
(Usual place of about		If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICUL  3. SEX. 4. COLOR OR RACE 5. SINGLE MARRIED		MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, OR DIVORCED (w)		21. DATE OF DEATH  (Month)  (Day)	93 34
5a. If married, widowed, or divorcad HUSBAND of			(Today
(or) WIFE of		22. I HEREBY CERTIFY, That I attanded da	
A DATE OF STREET	. 0 . 1	, 19, to	,
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days	If LESS than	l last saw h, 19, to have occurred on the date stated above, atm_	Jaath is said
10	fay,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence	
8. Trade, profassion, or particular kind of work done, as SPINNER.		1111	Date of onset
SAWYER, BOOKKEEPER, atc		lift how	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		A A A	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and year) occupation	his -	As Willow Brisin	
12. BIRTHPLACE (city or town) (State or country)	ci ma	Other Contributory Canses of Importance:	
E	Bur		
14. BIRTHPLACE (city or town). (State or country)	The same	Name of operation Dete of	
15. MAIDEN NAME Martha Bra		What tast confirmed diagnosis?	)psy?
16. BIRTHPLACE (city or town)	10 Prin	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Device & Ideas	anja	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	E.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	The state of		
Plece Bull July Date und	11 19 34	Manner of injury	
19. UNDERTAKER D'NOO NICE	A b	Nature of injury24. Wes disease or injury in any way related to occupation of deceased?	
(Addrass)	Md.	If so, specify	
20. FILED 6 (19)	Rigistrar.	(Signad) Philo Mund	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			1 goal

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05697
1. PLACE OF DEATH	(91)
County C. C.	Registration Dist. No. 2/2
Village or City Constant	No. Congresses I trope la Ward
(II	death occurred in a hospital or assistation, give its NAME instead of syeet and number)
Length of residence in city or town where death occurredyrsmos	How long in 1.9. if of foreign birt yrs
2. FULL NAME elevandra	Hugher WITHIN CORPORATE
(a) Residence: No. 4 (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Cot. OR DIVORCED (write the word)	(Month) (Day) , 198
5a. / merried, widowed, or divorced HUSBAND of	
(or) WIFE of Martha	I HEREBY CERTIFY. Thet I ettended deceased from
6. OATE OF BIRTH (month, day, and year)	last saw h. 1 m alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30 C.m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
8 Trade profession or particular	Oate of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jafou .	Synstroke.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Totel time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Lest Reserv	Other Contributory Causes of importance:
(State or country) G. C. Co. Mc.	5611/14
13. NAME UNBACH  14. BIRTHPLACE (city or town) Plans	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	Whet test confirmed diagnosis? Was there en autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Where did Injury occur? Whul working as hot Carrie
17. INFORMANT Connac Page	(Specify city or town county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 84 Resent A.	openis whether many occurred in thousand, in nome, or in Public Place.
18. BURIAL, CREMATION, OR HEMOVAL	Manner of injury
Place Date Date 3, 19.34	Nature of injury
19. UNDERTAKER Office & Dealles &	24. Was disease or Injury In any wey related to occupation of deceased? 20.
(Address) Clinter of	If so, specify
20. FILEO 3 , 1924 XXXXXX	(Signed) // MMMM T. / \ MMMM D. M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	Herrican II
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of infor-

OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE OF DEA	тн			(40)	711000000000000000000000000000000000000	09
	CountyAnne.					Registration Dist.	No. &d
	Village or CityN	ear Laure	1, 11d,		Np.District Trai	ning School	St., Ward
	Length of residence in ci	ity or town where d	eath occurred_2	۱۱) mosyrs5mos	death occurred in a hospital or institution	ion, give its NAME instea foreign birth?	ad of street and number) yrsds.
2.	FULL NAME	Catherin	e Hurd				
	(a) Residence: No.	District	Training	School	St.,Ward.	If nonresident sine 2	ty or town and State
	PERSONAL AN	Md. ID STATISTI			MEDICAL CE	ERTIFICATE OF	
3. SE)		R OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	6	OF .
		Black	Sing	le		(Month) (	Day) (Year)
-	married, widowed, or divo		-21-27		22. ! HEREBY March 22, 1  Ilast saw h. er alive on.	932 to June	nat I attended deceased from
7. AG		Months	Days	If LESS than	to have occurred on the date stated		
	77		6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:		
-	8. Trade, profession, or p	articular	1 0	1 ot min.	Entenitis &	Diarrhea	Date of enset
ALION	kind of work done, SAWYER, BDDKKEE	as SPINNER, I	nmate D.	T.S.			
Y.	9. Industry or business in work was done, as	which				***************	
3	X SAW MILL, BANK,	etc	1				
3   1	O. Date deceased last work this occupation (mo	nth and	spe	ime (years) nt In this upation			
12. BI	RTHPLACE (city or town)	W-older		драцоп	Other Contributory Causes of impor	rtance:	6-21-27
,	(State or country)	Ł	.C.		Rickets		3-27-34
1	3. NAME John	R. Hurd			Malnutrition		4-25-54
1	4. BIRTHPLACE (city or to	wn) W	ashingto	n.	Name of operation		Date of
-	(State or country)		D.C.		What test confirmed diagnosis?		
1	5. MAIDEN NAME U	nknown (	Lucinda)		23. If death was due to external caus		
1	6. BIRTHPLACE (city or to (State or country)	own)Was	hington,		Accident, suicide, or homicide? Where did injury occur?		injury, 19
17. IN	FORMANT Record (Address) Lang	s D. T. D			Specify whether injury occurred in	(Specify city or town, INDUSTRY, In HOME, or	IN PUBLIC PLACE.
18. BU	Place Cemeter	REMDVAL	6-2	8 19 34	Manage of Injury		
	LINCE TO STATE AND THE	J#2	-Date	, 19. 5	Nature of injury		
19. UN	(Address)	trict Tra	ining Sc	hool	24. Was disease or injury in any wa	y related to occupation of	f deceased?
20. F1		1934 10	lara Ma	Kasluh	(Signed) (Address) A.T.	Davis S. Laurel	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
property little		
	4   4	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	•	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July5,1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND	-CERTIFICATE OF DEATH	5699
1. PLACE OF DEATH	92-0	1000
County Come asundel	Registration Dist. No.	
Village or City Sulley.	No. marley Rd st.	Ward
Length of residence in city or town where death occurred yrs mo  2. FULL NAME Archibald Johns		
(a) Residence: No. Markey (Usual place of abode)	St., Ward.  If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  1. Arrived  1. Arrived  1. Arrived  1. Arrived  1. Arrived  1. Arrived	21. DATE OF DEATH (Month) (Day) , 19	)3.4/ (Year)
- HUSBAND of margaret a Johnson	22. I HEREBY CERTIFY, That I attended dece	
5. DATE OF BIRTH (month, day, and year) Sec. 16 851  7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete stated above, at 8 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	, 19eath is sald
8. Trade, profession, or particular kind of work done, as SPINNER, Actual SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronit Ends Cardetto ? Quell Courtal Lamorhage > a	ate of onset
10. Date deceased last worked at this occupation (month and year)	Dither Coutribulary Causes of importance;	
12. BIRTHPLACE (city or town)	Pyshtis 9.	May
13. NAME Archibald Johnson		1934
14. BIRTHPLACE (city or town)	Name of operation Date of Was there are asked	M
15. MAIDEN NAME Eleanora Dougthy  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Mathey Juhysen  (Address) Jolley In a	What test confirmed diagnosis? Was there an autop  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	., 19
18. BURIAL, CREMATION, OR REMOVAL Place Solley Cometay Date Jane 23, 1934	Manner of injury	
1.2 (F1)	24. Was disease or injury in any way related to occupation of deceased?	0
19. UNDERTAKER AMM of flemmy (Address) 715 dight st	If se, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIREAU	TOTAL STAN		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14 12 1

TION

V. S. No. 1

19. UNDERTAKER

(Address)

state

plnods

1. PLACE OF DEATH		97	05700
County ne Arim		Registration Dist. No.	1
Village or City Crownsy	ille State Tos	pitelno. St.	Ware
Length of residence in city or town where	deeth occurred 2 vrs 4	(If death occurred in a hospital or institution, give its NAME instead of street and mos. 4s. How long in U.S. if of foreign birth?yrs	number)
2. FULL NAME Thom	as W. Johnson	-119	11103
	(Usua place of abode)	St., Ward.  If nonresident give city or town as	d State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	id State
3. SEX 4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWEL OR DIVORCED ("write the word	21. DATE OF DEATH	, 193 4 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WHFE-of AB ttie J	ohnson	22. I HEREBY CERTIFY. Thet I ettender	
		January 30 ,19 32, to June 21st	19 34
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	1871 Deys If LESS the	I last saw h im elive on June 21 st , 19 34 to heve occurred on the dete steted above, et 9:45 Pm.	; deeth is sel
	l dey,	hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	i jormin.	General arteriosclerosis	Date of onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			
10. Dete deceased last worked et this occupetion (month and yeer)	11. Total time (yeers)		
	/land	Other Caatributory Causes of Importance: Senility	3
13. NAME Samuel Joh	nson		
14. BIRTHPLACE (city or town) MGT (Stete or country)	/land	Neme of operation Date of	
15. MAIDEN NAME Eliza G	rles	Whet test confirmed diagnosis? ————— Was there en	
16. BIRTHPLACE (city or town)		23. If death was due to external ceuses (VIOLENCE) fill in also the followin  Accident, suicide, or homicide?	, 19
Losni el Re	8 h . c s	(Specify city or town, county and Sta	ile)

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of injury

If so specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUC 6 USB			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	1. PLACE OF DEATH		<del></del>			
1.4	County Anne Arundel				Registration Dist. No. 2	
	Village or C	ity Crowns	ville S	tate Hosp	4 1 2 2	Ward
	Langth of resi	dence in city or town where	death occurred	. (I 3yrs,8mo:	f death occurred in a hospital or institution, give its NAME instead of street and sds. How long In U.S. If of foreign birth?	number)
2.		ME Anna				103
		ce: No. Balti		tv	St Ward.	
			(Usual place	of abode)	If nonresident give city or town and	d State
3. SEX		AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
	female	4. COLOR OR RACE black	5. SINGLE, MAI OR DIVORCE W1 d	RRIED, WIDOWED, D (write the word) D We d	21. DATE OF DEATH  June 11th  (Month) (Day)	., 193_4
H	married, widow IUSBAND of	d, or divorced Unknown				(Year)
(	or) WIFE of	OHAHOWH			22.   HEREBY CERTIFY. Thet I attended	deceased from
6. DAT	TE OF BIRTH (	month, day, end year)	876		Sept. 29th 1930, to June 11th    last saw h er elive on June 11th 1934	, 19 &&
7. AGE	Year	s Months	Days	If LESS than	to have occurred on the date stated above, at 10:20P.M.	_; deetn is said
		8 Unk	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:	
NOI	B. Trede, profas kind of w SAWYER,	sion, or particuler ork done, as SPINNER, BOOKKEEPER, atc.	None		General arteriosclerosis 2	Date of one of
OCCUPATION	9. Industry or 1	done, as SILK MILL, L, BANK, etc.		**************************************		-
000	Date decaase	d last worked at ation (month and	- spe	ima (yeers) nt in this		7
12. BII	RTHPLACE (city		/land		Other Coutributory Causes of importance: Senility	?
四 13	B. NAME	Sam Cam	phor, de	ed		-
FATHER 13	. BIRTHPLACE (State or	(city or town)	ryland		Neme of operation Data of	
企 山 15	. MAIDEN NAN	E Rachael	(unkno	um l dead	What test confirmed diagnosis? Was there an e	
HOTH 16	BIRTHPLACE	(city or town) Men	•	will desd	23. If deeth was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury	
Σ	(State or	country)	Axana		Whare did injury occur?	
17. INFORMANT Hospital Records (Address) Crownsville Maryland				Maryland	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) ACE.
18. BU	BISH CREMANT	ON, OR REMOVAL	0	1	Mannar of injury	
	ADM. C	upon the	Date June	0 15,1934	Nature of injury	
19. UNI	DERTAKE	arried The	usley	B.01	24. Wes disaese or injury in any way releted to pocupation of daceased	
	(Addrass)	818 Druif J	tus for.	Treet net.	If so specify	(
20. FIL	ED //2-	- 3,6 2	7. 190	- Ga	(Signed) Will	M. D,
			8	L. Registrar.	(Address) Drownsville War vier	10

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Chronic interstitial neghritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	uly 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	PLACE OF DEATH				,
	County Clama	ar	rude	Registration Dist. No. 2	
	Village or City	huse	m ouro	NoSt.,	Ward
		Ab	(If yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and nu	
	Length of residence in city or town where d		yrsinos.	17 Recorded	
2	FULL NAME LATUR	laon	rufce	ur J X	
	(a) Residence: No.	(Usual place	e of abode)	St., Ward.  If nonresident give city or town and S	tate
Since were	PERSONAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.5	SEX M. 4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	193(Year)
50	If married widowed or divorced			(Month) (Day)	(Teal)
ou.	If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended do	cceased from
-		7 2	his	, 19, to	
6.	DATE OF BIRTH (month, day, and year)	0-00	7. 37	I last saw h, 19;	death is said
7.	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
			ormin.	were as follows:	Date of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			arine 5 4 h	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
000	10. Date deceased last worked at this occupation (month and year)	sp.	time (years) ant in this upation		
-	/ loc	6 - 2 -	alon	Other Coutributory Causes of importance:	
12.	(State or country)				
2	13. NAME Raggin	cen V.	surles		
FATHER		1.4.1	Co.	Name of operation Date of	
FA	14. BIRTHPLACE (city or town)	7	ud.	What test confirmed diagnosis? Was there an au	
2	15. MAIDEN NAME Elve	Ku	ine	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	IC PURTURE ACE (site or town)	· a · c	20.	Accident, suicide, or homicide? Date of injury	
E	16. BIRTHPLACE (city or town)	M	d.	Where did Injury occur?	
17	INFORMANT SQUE	Ra	ine file	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18	(Address)  BURIAL, CREMATION, OR REMOVAL		23 -	Manner of injury	
	Place May My	Date 0	L8,193	Nature of injury	
	4	1 11	ralle	24. Was disease or injury In any way related to occupation of deceased?	
19	(Address)	Sant 1	end.	If so, specify	
-	(nuuissa)	76	Or wee	(Signed) 2 4 C	2 M. D.
20	, FILED, 193_7	a. 4	Registrar.	(Address) / asaden.	/we.

V. S. No. 1

7. PHYSICIANS should state Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RI

MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

certificate.

See instructions on back of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	W 1 1000	Other contributory causes of importance:  Gastroenteritis	1 year	
Gallstones	May 1,1923	Gastroenteratis	1 year	

ADDITIONAL SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	----------	------------	----	-----------

No. 1.

W. •

PLACE OF DEATH  County Frunt  Village or City Fundpolis (No. M.)  2 FULL NAME Raymond	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2  St.: Ward) St.: St.: Ward) St.: St.: St.: St.: St.: St.: St.: St.:
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,  WHOWEIN OR-DIVORCED (Write the word)	16 DATE OF DEATH    Luce
TAGE  ODATE OF BIRTH  (Month)  (Day)  (Year)  If LESS than  I dayhrs.	that I last saw h tun alive on June 14 1, 1974  and that death occurred on the date stated above, at 10 30 A  The CAUSE OF DEATH 2 was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  4. A. County	Contributory Racky Manufaci forther Recondary Lacky Manufaci forther Recondary for a Contributory (Duration) yes about 0
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)	(Signed)  (Signed)  (Address)  (Address)  (State the Disease Causing Death, of, in deaths from Vioient Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Hombeidal,  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)  At place of death yrs. mos. da. State. yrs. mos. da.
(Informant) CMS Amelia Kinder (Address) Eary Hoeights I. L. Co Filed 6 14 19234 Amelia	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAE DATE OF BURIAL  Cedas Hoice Gay fune 16., 193.5  20 UNDERTAKER  FOS FOOSDERS OBON 2178. Pace

o more blanks are needed, address State Registrar 16 W Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tived 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite saiary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary firemen, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation duties of the But in many

Statement of Cause of Death—Name, first, the ms. Lase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar paeumonia, Bronehopneumonia ("Pneumonia,"

quences (c. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and conse-Poisoned by carbolic acia-probably suicide. The na as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "Puerperal septicuemia." "Puerperal peritonitis," train-accident: Revolver wound of head-homicide; Examples: diseases resulting from childbirth or miscarriage as State eause for which surgical operation was undercan be ascertained as the canse. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Con conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant meoplasms); Measles; causing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonaum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. ...... (mame origin; "Caucer" is less definite; avoid inqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drougning; Struck by railway Example: Measles failure." Always qualify all The contributory "Haemor-(second-(merely (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH		(3)
County A x		Registration Dist. No.
Village or City 1/001 Tive	/	No. St., Ward
	G (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME Palle OF	becca	Malma
(a) Residence: No. A State (Usual p	lace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH
	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	A	(Month) (Day) (Yéar)
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of And Market	Pome	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 4	18.58	I last saw hon alive on the 16 1934; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above at 5.47 m.
7.1 2. 12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	1 01	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- 1	(m) c /1/2/3
	se wido	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- /	,
0 10. Date deceased last worked at this occupation (month and)	spentin this	
year) 422	occupation /	Other Contributory/Causes of importance:
12. BIRTHPLACE (city or town)	1- 1	In a de hat Bhis us
(State or country)	Clips of	
13. NAME Thomas Mathin	-la	
13. NAME Monas Mathi	FIC	Name of operation Date of
(State or country)	aux)	What test confirmed diagnosis? Acres Was there an autopsy? No.
E 15. MAIDEN NAME Many Tribe	illa Honse	23. If death was dua to external causes (VIOLENCE) fill In also the following:
E	0	Accident, suicide, or homicida?
16. BIRTHPLACE (city or town)  (State or country)	lend	Where did Injury occur?
Man A. Ste	V =	(Specify city or town, county and State)
17. INFORMANT (Address) (Address)	This -	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	6/18 134	Manner of injury
Place fashing low Date	1944	Natura of injury
19. UNDERTAKER Win Halley +	f IN	24. Was disease or injury in any way related to occupation of deceased?
(Address)	mu son re	If so, specify Marine Hayrel
20. FILED 9/16, 1934 14 17	free Registrar.	(Signed) (Address) Davebury (1) M. D
If more blanks are need	Hed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—liotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

05705

				106-00	/
County Ann	e .r nde	1		Registration Dist. No.	21
Village or City	Crown	sville	State Hod		War
			(1	death occurred in a hospital or institution give its NAME instead of the standard	/ L
Length of residence	in city or town where	daath occurred	yrsmos	How long In U.S. If of foralgn birth?yrs	mosd
2. FULL NAME	Emma	Manuel			
(a) Residence: N	o. Balti	more. II	aryland	St., Ward.	
		(Usual place	e of abode)	If nonresident give city or town as	nd State
	AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	black	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH June 15th	, 193 4
5a. If married, widowed, or	divorced			(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attende	d deceased fro
		3000		March 30th ,19 25, to June 15	, 1934.
6. DATE OF BIRTH (month	1	1874			🚣 ; death is sai
7. AGE Yaars	Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated shove, at 12:15P.M.	
60	UII	novn	ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca ware as follows:	Date of onse
8. Trade, profassion, of kind of work do	ona. as SPINNER.	Domost i	2	Acute bronchitis	a WK
SAWYER, BOOK	KEEPER, atc	Domesti			
A Industry or busine work was done	es SILK MILL.			***************************************	
O Date decaased lest	VK, etc worked at	11. Total i	time (yeers)	-	
this occupation year)		- spe	entin this		
1	7.5 72			Other Contributory Causes of importance:	
12. BIRTHPLACE (city or to (Stata or country)	wn)	A T GIII			
1	Thomas T	oune de	67		
Ξ					
4. BIRTHPLACE (city of Stata or country)		Unknown		Name of operation	
	Henriett	s Compa	n deed	What test confirmed diagnosis? Was there an	
Ξ			i, dead	23. If death was due to axternal causas (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city (		KROWN		Accident, suicide, or homicida? Date of injury	, 19
		3 .		Whare did Injury occur? (Specify city or town, county and St.	ate)
Tr. IN UNION III	tal Rec		777777777777777777777777777777777777777	Specify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC P	LACE.
(Address) U	rown svil	Te' Hal.	/renu	** ** ** ** ** ** ** ** ** ** ** ** **	
Place NA C	0	Date	19 19 34	Mannar of injury	
	ruse	L. Date	4.109	Natura of Injuty	
19. UNDERTAKER	4.8	elitt	-	24. Wes disease or injury In any wey related to excupation of deceased?	
(Address)	29 1	L. Car	rline	If so, specify	9-
20 FILED //6-	34 X	March		(Signed) LAT I STATE	0-6/ M. I

If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 1,1927	Tritonitis	3 days ago
	3.0	O V 3 2 v	
Other contributory causes of importance:	1934	Other contributory causes of importance:	
Gallstones	May 1/1923	Gastroenteritis	1 year
	1	POT /	

V. S. No. 1 m of OCCUPA-

	STATE OF MARTLAND	CERTIFICATE OF DEATH					
	1. PLACE OF DEATH						
1	County Come Chundel	Registration Dist. No.					
1	Village or City Hier and and	No South tive St. Ward					
1	(If death occurred in a hospital or institution, give its NAME instead of street and number)						
	Length of residence in city or town where death occurredyrsmos	Length of residence in city or town where death occurredyrs,mos,ds. How long in U.S. if of foreign birth?yrs,mos,ds.					
	2. FULL NAME Grikene, Colmonson W-June						
	(a) Residence: No. 1109 164 1572 W.	Uslackway Gen 5.					
	(Usual place of abode)	If nonresident give city or town and State					
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH					
	more while Hearing	(Month) (Day) (Year)					
	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from					
	(or) WIFE of GesaM=Juere	22. I HEREBY CERTIFY, Thet I attended deceased from					
ė.	6. DATE OF BIRTH (month, day, and year) Dec 22 9 1903	I last saw h alive on f9 death is said					
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm_					
tif	30 5 12 f day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance					
cer	9 Trade profession or certificate	were as follows:					
Jo	kind of work dona, as SPINNER Sect- for Heater	Paradental Drowning					
back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.						
on	fo. Date deceased last worked et this occupation (month and spent in this	U					
ons	year) occupation	Other Contributory Causes of importance:					
instructions	12. BIRTHPLACE (city or town) M = Munuelle Vig						
stru	(State or country)						
	II 13. NAME TOUR O. MY - Yeure						
See	14. BIRTHPLACE (city or town) M= Message	Name of operation Date of					
	(State or country)	What test confirmed diagnosis? Was there an autopsy?					
important	15. MAIDEN NAMESE Cullia respline White	23. If death was due to external causes (VIOL ENCE) fill in also the following:					
ort	(State or country)	Accident, suicide, or homicide					
nn	(State or country)	Where did injury occur? (Specify city or town, county and State)					
	17. INFORMANT VOLCOCE M. TENERS	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.					
is very	18. BURIAL, CREMATION, DR REMOVAL						
	Plece Washington Date June 4 1934	Manner of injury					
TION	131 111:	Nature of Injury					
TI	19. UNDERTAKER V. T. THILES CO	24. Was disease or injury in any way related to occupation of deceased?					
1	(Address) Mashington B. C.	If so, specify					
1	20. FILED 6/4, 1934 9 Mary	(Signed) with My form fally & respective					
	() Registrar,	(Address)					

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," worker,

Port to "mill," et out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factor,

State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as tick engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3) (U) (U)
County Une anne	Registration Dist. No. 21
Village or City Annold	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
41.1. +/1	milds
2. FULL NAME MALANI (Gray)	THE COLUMN THE
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  JUNE 16  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (THE A SHE A SHE A SHE	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) JUNE 10, 1979 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
Premature Still Born or hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 0
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	6 Mo. Tremature
SAW MILL, BANK, etc	StillBorn
this occupation (month and spent in this occupation	3111110077)
A anald	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME James Gray	
14. BIRTHPLACE (city or town) Calucat Go.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME HULL Miller	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) anniary 1 de Lo.,	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Lydil Porter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) anold md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Co	Nature of Injury
19. UNDERTAKER SYMUEL WATT STAMMED (Address) arnold, md-	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 6 17 , 19.54 Registrar.	(Signed) / lawill T. K. Gwans, M.D. (Address) 46 Smth Care as
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

z

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05690
1. PLACE OF DEATH	(3030
County Anno Arundel	Age Registration Dist. No. 20
Village or City Lelen Pournel	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds., How long in U.S. If of loreign birth?yrsmosds.
2. FULL NAME SIAME CORAWY	ord miller
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augl	22. I HEREBY CERTIFY, That Vattended deceased from
6. DATE OF BIRTH (month, day, end year) Za Man 1934	I last saw h Ls alive on The MML 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & L. S., m.
1 day, 11hrs. or. 72. Omin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	8 - 29,
SAWYER, BOOKKEEPER, etc.	mariene ences
work was done, as SILK MILL, All wature	(7 months)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  11. Total time (years) spant in this occupation occupation	193
12. BIRTHPLACE (city or town) Jelm Busnil (State or country) / naryland	Other Contributory Causes of importance:
13. NAME William Crawford Miller	
13. NAME Dellam followford Mellor  14. BIRTHPLACE (city or town) Fullow  (State or country) a	Name of operation
Courte of country	What test confirmed diegnosis? Wes there en au'opsy? Wes there en au'opsy?
15. MAIDEN NAME Stabelly gray	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Soabelly The State of Country Of State of Country	Accident, suicide, or homicide?Date of Injury19
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT / Killeaun (Statusford) Meller (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Celly 1 5 pate Mile 30, 1934	Nature of injury
19, UNDERTAKER HOS Darbers	24. Was disease or impury in any way related to occupation of deceased?
(Address) futher Hto ma	II so, specify for for for the first section of the
20. FILED 6/30 1934 MMBalla	(Signed) M, D.
Registrar.	(Address) AMAMULIAN AGA
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		WINGAL V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR	FURTHER S	STATEMENTS	BY	PHYSICIAN
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A-	STATE OF MARYLAN	ND-CERTIFICATE OF DEATH
sta UP	1. PLACE OF DEATH	
of CC CC	County Anne Arundel	Pegistration Diet N

05708

I. PLACI	E OF DEATH			(168)
County				Registration Dist. No. 21
Village	or City Crownsv	ille Sta	te Hospi	181 <sub>M</sub>
			(1	f death occurred in a hospital or institution, give its NAME instead of the standard of the st
Length	of residence in city or town whe	re death occurred	yrsmo	s. 20 late Shew long in U.S. If of foreign birth?
2. FULL	NAME Leroy	Murray		
(a) Re	sidence: No. Balti	more Cit	y, Maryl	end <sub>St.</sub> Ward
(0) 113		(Usual place		If nonresident give city or town and State
PERS	SONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH
male	black	OR DIVORCE	D (write the word)	June 8th
5a. If married, v	widowed, or divorced		,	(Month) (Day) (Year)
HUSBAND (or) WIFE				22. I HEREBY CERTIFY. That I attended deceased from
				, 19.4, to
	RTH (month, day, end year)	1904		I last saw h alive on, 19; death is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, at
	30		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z Trade,	profession, or particular of work dona, as SPINNER.			Self inflicted wound Doto of one of
SAV	VYER, BOOKKEEPER, etc	Laborer		The Throat (incises) & incises
9. tindustry wor SAV 10. Date de	y or business in which k was done, as SILK MILL, V MILL, BANK, etc			Injury to head - seld to t
SAV	V MILL, BANK, etceceased last worked at			in lated Previous /t-
O this year	occupation (month and	spe	ime (years) ntin this	admission to institute
, year			upation	Other Contributory Causes of importance:
		ryland		Shalf & exhaustion
	r country)	a a		Acapalie Relaisum
13. NAME	John Murray			
13. NAME	LACE (city or town)	Jland		Name of operation Date of
(318	ite or country)			What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN	NAME Mary Ja	ne Smith		23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN	LACE (city or town) MED	yland		Accident, suicide, or homicide? Securities. Date of injury
∑ (Sta	te or country)			Where did Injury occur?
17 INFORMANT	Mognital Re	e brond		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address	Hospital Re	e. Har/1	and	Specify whether injury occurred in INDOSTRT, in HOME, OF IN PUBLIC PLACE.
	MATION, OR REMOVAL	,		Manner of Injury
Place/	It colvary	Date	, 19	Nature of injury
mrs.	Rolest &	700 -H		
19. UNDERTAKE (Address		The state of		24. Was disease or injury in any wey related to occupation of deceased?
1	9	- come	1	If so, specify
20. FILED	ne 7 , 1938	(X)	Engle	(Signed) White Thele M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	PACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

JPA-	1. PLACE OF DEATH	CERTIFICATE OF DEATH 05710
1000	County a- a.	Registration Dist. No.
00 Jo	Village or City Parole mad	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?wrs
statement	2. FULL NAME  (a) Residence: No.  (b) Seal (Usual place of abode)	St., Ward.  If nonresident give city or town and State
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HARRIEL WEAR	22.   HEREBY CERTIFY That I attended decessed from
properly cla	6. DATE OF BIRTH (month, day, and year) Jan 10-1876  7. AGE Years Months Days If LESS than 1 day	I last saw h is said to have occurred on the date stated above, at he m.
be prope of certifi	8. Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Out of one of the country of th
t it may on back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 1932 11. Total time (years) spent in this	mitral requiring tration, Custor
se tha	12. BIRTHPLACE (city or town) Cary Land (State or country)	Other Contributary Causes of importance:
rms, nstr	# 13. NAME Richard Weal	Carese unhain
See See	14. BIRTHPLACE (city or town) (maryland)	Name of operation
OF DEATH in pl	15. MAIDEN NAME maria loham/ers  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
F DE	17. INFORMANT Harriell Might (Address) parole mis	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E E	18. BURIAL, CREMATION, OR REMOVAL Place Chaptel Date Date 5, 1934	Manner of injuryNature of injury
CAUS	19. UNDERTAKER B Thoffing (Address) 190 west 1 ft alm folia to	24. Wes disease or Injury In any way related to occupation of deceased? NO  If so, specify (Signed) (LLL) (LLL) (M. D.
	Registrat.	(Address) Milly Mrs. Myl.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

Gallstones

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Assoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

1 year

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory eauses of importance:

Gastroenteritis.

May 1,1923

STATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DEATH
SIAIL	OI	MUVICIE	MIND	CLIVIII IC	TIL	OI	DEWILL

1. PLACE OF DEATH				
County Anne Arund	el		Registration Dist. No. 24	5
Village or City Crowns	ville S	tate Hos	pitmal st	Ward
Length of residence in city or town where d	eath occurred 1		death occurred in a hospital or institution, give its NAME instead of street and death. death de	number)
2. FULL NAME Ade	line Ne	lson		
(a) Residence: No. Bal	timore,	Marylan	d St., Ward.	
PERSONAL AND STATISTIC	(Usual place	the state of the s	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
female black	OR DIVORCED	OWed	June 27th (Month) (Day)	, 193_4(Year)
5a. It married, widowed, or divorced HUSBAND ot (or) WIFE ot	nknown		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	1868		May 26th 1933, to June 27th Ilast saw her alive on June 27th 1934	; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 4. Pm.	
66 Unkn	own	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total til	me (years) t in this	Cerebral henorrhage	
12. BIRTHPLACE (city or town) Virg	inia	••••	Other Contributory Causes of importance: Arterioselerosis - senility	
13. NAME Tom Whitem	an			
13. NAME Tom Whitem 14. BIRTHPLACE (city or town) Virg. (State or country)	inia		Name ot operation Date ot What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Mildred	(IInlen ou	n 1	What test confirmed diagnosis?	
15. MAIDEN NAME Mildred  16. BIRTHPLACE (city or town)	•		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Hospital Rec (Address) Crownsville	ords ,Maryla	nđ	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Va Ju	4.2,19.34	Manner ot injury  Nature ot injury	
19. UNDERTAKER MAS. 19. (Addiess) 1/29 m	. a. Re	les #	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED Jame 30, 1924 Id	M.W.	Pegistrar.	(Signed) Crownsville, Marylan	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STAT	TE OF MARYLAND	-CERTIFICATE OF DEATH 05732
1. PLACE OF DEATH		79:0
County a - C	2-	Registration Dist. No.
Village or City Con	napoles m	d No. 91 West St., Ward
	10	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or toy	wn where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME	harbelle ann	Nowell WITHIN CORPORATE LIMITE
(a) Residence: No. 91	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND ST	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR R	RACE 5. SINGLE, MARRIED, WIDOWED	A
+ w	OR DIVORCED (write the word	193 7
5a. If married, widowed, or divorced /	1//rabback	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	2/ 1/-	22.   I HEREBY CERTIFY, That I attended decaased from
fu	mes A Nowe	- Ufnl 21, 1934, to Jame 21, 1934
5. DATE OF BIRTH (month, day, and ye		2 I last saw h alive on
. AGE Yaars N	Months Days If LESS tha	
73	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPIN	NNER 31	A A A TILLIA
SAWYER, BOOKKEEPER, etc	House Wyen	Jub Claux Matortes Bruss
9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc	ill,	The state of the s
kind of work dona, as SPIN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc	11. Total time (years)	Irannia 40x5
this occupation (month and	spant in this	yay,
	a do med	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	,	to marca to the
1 //	P/:14-	0 00 6 111 -
	1 mgg	list 14 pages our to the
(State or country)	1. D. da need	Name of operation
	1.1 00 1.11	What test confirmed diagnosis?
	are if ware	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or gountry)	a. Ca med	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT James	H. Nowell	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Common (Address)	polis ma	
Place Ledas	Blell Date Lene 28 19	Mannar of injury
ride de la	Date, 19	Nature of injury
19. UNDERTAKER 13 L	Hopping	24. Was disease or injury in any way related to occupation of deceased?
(Address) area of	with and	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	II.	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

1. PLACE OF DEATH	F MARYLAND	CERTIFICATE OF DEATH 05713
County A		(59)
	10-	Registration Dist. No.
Village or City Dance	potis.	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurredyrsmos	
2. FULL NAME Olsey	unt ( Er	ritt
(a) Residence: No. 774	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (aurite the word)	21. DATE OF DEATH  (Month)  (Day)  (Gar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		(Month) (Day) (Year)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
	June 22, 1934	, 192 Y, to 6 2 7 , 193 4
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months	Deys   If LESS than	l last saw hart alive on 4 7 1, 1934; death is said
, months	1 day, 5 hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nuc	
9 Industry or husiness in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		1 Tomaturity (6 mg)
10. Date deceased last worked at this occupetion (month and	11. Total time (years) spent in this	0 / 420000000000000000000000000000000000
year)	occupation	
12. BIRTHPLACE (city or town)	afolis	Other Contributory Causes of importance:
(State or country)		
13. NAME Dunnal	Versitt	
14. BIRTHPLACE (city or town)	shinata.	Name of operation Date of
(State or country)	16.0	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME ROSELLA	2 Pentners	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	napolin	Accident, suicide, or homicide? Date of injury, 19
Stete or country)		Where did Injury occur?
17. INFORMANT Roselda C	Pinkneu	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / horz	E coe &	The state of the s
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Piece Dicwer Hill	Date 14 mc 36, 1936	Nature of injury.
19. UNDERTAKER (Address)	Lysy	24. Wes disease or injury in any way related to occupation of deceased?
20, FILED (4 - 23 , 1934 )	Mart	(Signed) Furture M. D.
100	Registrar.	(Address) 3 Calvert at
If more bl	anks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

05714

	1. PLACE OF DE	ATH			(183)	
	County	nne Arun	ndel		Registration Dist. No. 2	1
	Village Dr City				No. Spa Creek  St.,  If death occurred in a hospital or institution, give its NAME instead of street is.  ds. How long in U.S. if of foreign birth? yrs.	War
	2. FULL NAME	JALES .	F.M. PE	TERS		
Commence of the Commence of th	(a) Residence: No	201 Ches	apeake . (Usual place		strsc,rt, liward.  If nonresident give city or town	and State
	PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATI	Н
16	nale w	lor or RACE White		RtED, WIDOWED, D (write the word)	21. DATE OF DEATH June (Month) (Day)	, 193 4 (Year)
5a	. If married, widowed, or d HUSBAND of (or) WIFE of	livorced			22. I HEREBY CERTIFY, That I attended deceased from the company of	
	DATE OF BIRTH (month, AGE Years	day, end year) Fe	Days	1926 If LESS than 1 day,hrs.	I last saw h alive on, 19 to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
LION	8. Trade, profession, or kind of work dor SAWYER, BDOKK		hbol bo	ormin.	were as follows:	Date of onse
OCCUPATION	9. Industry or business work was done, of SAW MILL, BAN	BS SILK MILL.			accidental drowning	6/4/3
00	1D. Date deceased last this occupation (	month and	11. Total ti spen occu	me (years) nt in this pation		
12. BIRTHPLACE (city or town) Eastport, (State or country) Maryland.					Dther Contributory Causes of importance:	
13. NAME Otto A. F. Peters  14. BIRTHPLACE (city or town) Hamburg (State or country) Germany						
					Name of operation Date of What test confirmed diagnosis? Was there	
15. MAIDEN NAME Isabella B. Hatch  16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.			ltimore		23. If death was due to external causes (VIDLENCE) fill in also the follo Accident, suicide, or homicide? accident Date of Injury 6/	wing: 4 ,19 34
17.	INFORMANT Mrs. (Address) Eas		a B. Pet		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
18.	BURIAL, CREMATION, DE		Date June	7, 19 34	Manner of Injury	
2	(Address) Ann	nn M. Tay	Md.	244	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	P Ski

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimote, Requesting U. S. Note.

V. S. No. 1

-WRITE PLAINLY,

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 - 100 H	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05715
1. PLACE OF DEATH	95.2)
County Clave Urundel M	Registration Dist. No.
Village or City // July Chapel	No. St Ward
Lamable at the little of the l	If death occurred in a hospital or institution, give its NAME instead of street and number)
e to	sds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME deovel legg	oug n. 1
(a) Residence: No. (Usual place of abode)	181 Matel
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male left OR DIVORCED (write the word)	June 1- 193 4
5a. If merciad, widowed, or-divorced	(Month) (Day) (Year)
HUSBAND OF Connalletterson	22. I HEREBY CERTIFY) That I attended deceased from
0.+ x 19/K	1934, to Jane 6th, 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	last saw h alive on
10 1 day,hrs.	to have occurred on the defectated above, at
8. Trade, profession, or particular	were as follows: Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	pullanger Carron 193
V 9. Industry or business in which	y canal source
work was done, as SILK MILL, SAW MILL, BANK, etc.	-
Spent in this	
year) occupation	Other Contributory Causes of importance:
IZ. BIRTHPLACE (city or town) (State or country)	generalized & ropsy 1933
Sec Alas	3
7. 4	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or equinity)	Accident, suicide, or homicide?
17. INFORMANT JAMES W Wagne	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)// Odenton Mad	opony mount injury occupied in thoustry, in Howie, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cough Makele Must 7, 1994	Nature of injury
19. UNDERTAKER Lum Cook	24. Was disease or injury in any way related to occupation of deceased?
(Address) 12/7 - It said St	If so, specify
20. FILMET 134 W. L. Jones	(Signed) M. D. J.
Registrar.	(Address) Address Address
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
		A.	
	1	<b>*</b>	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE	PLANLY	WITH	WRITE PLANLY WITH UNFADING INKTHIS IS A PERM	NG INK	THIS	IS A	PER
y item	of inform	CAUSE	y item of information should be carefully supplied. ACE shou NS should state CAUSE OF DEATH in plain terms so that it m	refully a	supplied terms	. ACE so tha	shou titm

	05717
PLACE OF DEATH	STATE OF MARYLAND
County anne anndel	CERTIFICATE OF DEATH
	Registration Dist, No. 20
Village or City Osework (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR OIVORCED (Write the word)	16 DATE OF DEATH  19234  (Month) (Day) (93 Kyear)
6 DATE OF BIRTH  With hour , 1867  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1934 to fine 1, 1934 that I last saw have alive on fine 10, 1934,
7 AGE    If LESS than   I day hrs.   ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Client d'alviclar hear
9 BIRTHPLACE (State or country)  2 Md	Contributory Secondary  (Durstion) 2 yrs mos 6 ds.
10 NAME OF FATHER UNKNOWN	(Signed) Percely Larser M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER WILLIAMS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Love Coveres	if not at place of death?
(Address) Greenvelle of	Moseo emeley 017, 1934
Filed 6/16 1934 HT Clayton Registrar	20 UNBERTAKER Welch Trembship.
If more bianks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in doinestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou shold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, business, that fact may be indicated thus; Farmer (reor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(6) engineer, Grocery;

Str:ement of Cause of Death—Name, first, the DISEAR: "AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

"(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot...... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, etc. The contributory American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronie valvular heart disease;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B. .

STATE OF MARYLAND	CERTIFICATE OF DEATH 05718
1. PLACE OF DEATH	<u></u>
County A. A.	Registration Dist. No. 20
Village or City Than Wood	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME TILMAS 1.	I won
(a) Residence: No. Taluora a -	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Sune 4/1
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Vaca 10 vio puison	Manch 201 1934, to the 2 1934
6. DATE OF BIRTH (month, day, and year) March 13 1846	I last saw he alive on May 1934; death is sald
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at
88 2 21   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Jerm, mad thymbosos during
SAWYER, BOOKKEEPER, etc.	in art & left
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupating (month and	food and & durine
SAW MILL, BANK, etc	1 D Jack
this occupation (month and spent in this 70 occupation	J
12 DIRTURI ACT (city on Asset)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME & Alex L	
14. BIRTHPLACE (city or town)	Name of operation Acres Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town) the key	Accident, suicide, or homicide? Date of injury19
X (State or country)	Where did injury occur?
17. INFORMANT Leter AVE 11	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Harwood Ma.	
18. BURIAL, CREMATION OR REMOVAL MALLER 6 1 34	Manner of injury
Place Place , 19 7	Nature of Injury
19. UNDERTAKER JOSA, HODDENTA	24. Was disease or injury in any way releted to occupation of deceased?
(Addiess) luna po les Dont	If so, specify
20. FILED week 1934 Corrections	(Signed) to flow time Hay as 11 Myo.
Registrar.	(Address) Day don ville /114-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTIFICATE OF DEATH

CTATE OF MADVIAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5, 1927 Peritonitis  Other contributory causes of importance:

(Stata or country)

REMOVAL

18. BURIAL, CREMATION, OR

(Address)

19. UNDERTAKER

should state

OCCUPA.

JO

	STATE OF MARYLAND	CERTIFICATE OF DEATH	5719
1	. PLACE OF DEATH		
	County a a	Registration Dist No. 2	/
	Village or City amapolis	Notines gener Hospilal St	Ward
	(If	death occurred in a topital or institution, give its NAME instead of street and nu	ımber)
	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2	FULL NAME Eleanor V San	Pleas MITHIR CORPORATE LIMITE .	
	(a) Residence: No 177 Areas	St. Ward.	7
	(Usual place of abode)	If nonresident give city or town and S	itate
alicidate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ford)	21. DATE OF DEATH 29	193 4
50	If marriad, widowed, or divorcad	(Month) (Day)	(Year)
54.	HUSBAND of (or) WIFE of B. I B. Sankal	22. 7 I HEREBY CERTIFY, That I attanded do	eceased from
	1 Jung 1 Salles	May & 8 , 1934, 10 June 29	19.36
6.	DATE OF BIRTH (month, day, and year) Sept - 13 - 1913	I last sawhen aliva on Just 29, 19 34	daath is said
-	AGE Years   Months Days   If LESS than	to have occurred on the data stated above, atm.	
	20 9 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, Hacese Wife SAWYER, BODKKEEPER, etc.	Francho Dunnin	6-28
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
၁၁၀	10. Date deceased last worked at this occupation (month and yaar) 11. Total time (yaars) spent in this occupation		
12.	BIRTHPLACE (city or town) Deerhan N.C.	Other Contributory Causes of Importance:	June 1
_	(State or country)	1 ///	
ER	13. NAME Omar. Dobson	V	
FATHER	14. BIRTHPLACE (city or town).  (State or country)	Name of operation	110
K	15. MAIDEN NAME Officer	What tast confirmed diagnosis? Was thar an au	
MOTHER	16, BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	

If More blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did injury occur?\_\_\_

(Addrass)

Manner of Injury Nature of injury

If so, specify

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was diseasa or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

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(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		9	

ADDITIONAL SP.	ACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

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(1/1)	Jo	pli	7
X	item	pluoda	O Jw
XX	)RD. Every item of infor	IYSICIANS	statement of OCCIIDA
	RD.	IVSI	1010

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				UUIVI
County Anne	Arundel		Registration Dist., No. 21	
Village or City Homey	100d	(H	No. St., death occurred in a horpital or inglitution, give to NAME instead of street a	ward number)
Length of residence in city or town wh	ere deeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME BABY	SINCLAIR			
(a) Residence: No. Homev	(Usual place		.d • St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATI	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE female white	5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  June 11  (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. 21 HEREBY CERTIFY, Thet I attend	
6. DATE OF BIRTH (month, day, and year)	June 11.	1934	I last sawh er alive on June 11, 193	; death is sold
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, atm.	
	-	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	l 11 Total ti	ime (years)	Stillbarn	6/11/3
this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	sper	nt in this 'pation's	Other Contributary Causes of importance:	7-m0
当 13. NAME Alfred W.	inclair			
14. BIRTHPLACE (city or town) (State or country)	Lbot Coun	ty,	Name of operation	A
15. MAIDEN NAME Edith Ma	w kirper		23. If deeth was due to external causes (VIOL ENCE) fill in also the follow	
15. MAIDEN NAME Edith Ma	Palbot Con Maryland	unty,	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Alfred W. (Address) Homewood.	Sinclair A. A. Co	. Md.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, 1.	Date 6 -	12 ,,34	Menner of injury	
19. UNDERTAKER John N. To (Address) Annapolis	wlor,		24. Was disease or injury in any way related to occupation of deceased?  If so, specify	C116
20. FILED 6 12 , 19 34	Jems	Al Registrar.	(Signed) 4. Willia Marline (Address) I America palia	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

V. S. No. 1

N. B.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- The same of the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MODELLY CO.	
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
,			

V. S. No. 1 N. B.- of OCCUPA.

7.

OCCUPATION

12.

MOTHER | FATHER

17. 18.

19.

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYL	AND-	-CERTIF	<b>ICATE</b>	OF	DEAT
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	SIAIL	- OF	MAR	YLAND-	-CERTIFICATE OF DEATH	
L. PLACE OF					107-a	10
County	Anne Arun	del			Registration Dist. No.	- 7
Village or C	ity near La	urel,	Md.	/1	No. District Training School St.,	Ward
Length of resid	dence in city or town	where deal	th occurred	3 yrs. 1 mos	If death occurred in a hospital or institution, give its NAME instead of street an s. 20 ds. How long in U.S. if of foreign birth? yrs.	d number) .mosds.
. FULL NAI	State and the					
(a) Residen	ce: No. Dist	rict	Trainin (Usual place	g School of abode)	St., Ward.  If nonresident give city or town a	nd State
PERSON	AL AND STAT	tSTIC.	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	nd Diate
SEX Male	4. COLOR OR RAC	E 5	SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (rupite the word) ngle	21. DATE OF DEATH 6 20	, <sub>193</sub> <b>4</b>
If married, widows	ed, or divorced				(Month) (Day)	(Year)
(or) WIFE of					22. I HEREBY CERTIFY, That I attende 3-22 19 32 to 6-20-34	
DATE OF BIRTH (	month, day, and year)	10	-8-22.		im 6-20-34	, 19 ; death is said
AGE Year	rs Mont	hs	Days	If LESS than	to have occurred on the date stated above, at 1 Pem.	
1	1 8		12	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	1
8. Trade, profes	sion, or particular ork done, as SPINNE	R. <b>T</b>	nmate D	m e		Date of onset
SAWYER,	BOOKKEEPER, etc business in which		THINK CO. D.	·T•5•	Purulent Abscess right heel	
work was	done, as SILK MILL, L, BANK, etc				Cause undetermined	6-15-34
10. Date decease this occup			spei	me (years) It in this Ipation		
BIRTHPLACE (city				pation	Other Contributory Causes of Importance: diffuse  Broncho pneumonia, bilateral-	6-19-34
(State or coun	try)		ginia		Purudent infection -	
13. NAME	Elmer J. Si	nith			Septecimia	6-18-3
14. BIRTHPLACE	(city or town)V	irgin	ia		Name of operation	
(State or	country)				What test confirmed diagnosis? Was there an	autopsy? No.
15. MAIDEN NAM	ME Mildre	d Hun	ter		23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
		lirgi	nia		Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
INFORMANT RO	(State or country)  NFORMANT Records District Training School (Address) Laurel, Md.				(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ate) LACE.
BURIAL, CREMATI	ON, OR REMOVAL	Loc	Date	22,1934	Manner of Injury	
UNDERTAKER	Villeain	Le	es Sers	le.	24. Was disease or Injury In any way related to occupation of deceased?	to

Registrar. If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	T NOS TATALES TO THE SOL I		
	1915 -1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
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STATE OF MARYLAND—CERTIFICATE OF DEATH	06465
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1. PLACE OF DEATH		@i		
County Q. Q. Co-		Registration Dist. No. 21		
Village or City Canny	Parole	No. St Ward		
	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)		
	occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Balry	Jaylor			
(a) Residence: No		St., Ward.		
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and State		
a conv	SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH		
7	OR DIVORCED (write the word)	anne 10 1024		
5a. If married, widowed, or divorced	single	(Mop(h) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attended deceased from		
		, 19, 19, 19, 19		
6. DATE OF BIRTH (month, day, and year)	me 10, 1934	I last saw h; death is seld		
7. AGE Years Months	Days If LESS than	to have occurred on the dete stated abova, at		
	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importance were as follows:		
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Stillow Date of oneet		
9. Industry or business In which work was done, as STLK MILL, SAW MILL, BANK, etc	*******	2 months miscarriage		
SAW MILL, BANK, etc	1	miscarriage miscarriage		
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	<i>O</i>		
12 BIRTHIN ACT (1)	Rosel	Other Contributory Canses of importance:		
12. BIRTHPLACE (city or town) (State or country)	ma	4.0.		
13. NAME William	Darlo	With the prosession		
14. BIRTHPLACE (city or town). Birdu	100.0	Name of the state		
(Stata or country)	mi	Name of operation		
15. MAIDEN NAME Harriet	Inst Line	What test confirmed diagnosis?		
16. BIRTHPLACE (city or town) Mours	t Zin	23. If death wes due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?		
(State or country)	Omis	Where did injury occur?		
17. INFORMANT JAM JAM	P.D	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
(Address)		Specify which mytry occurred in thousand, in nome, or in public place.		
18. BURIAL, CREMATION, OR REMOVAL		Mannar of Injury		
Place Camp Garlen	nte_/www. / 1 1934	Nature of Injury		
19. UNDERTAKER Ingle	2 James	24. Was disease or injury in any way related to occupation of decaased?		
(Address) Canal	9	If so, specify		
20. FILED 7-/4- 1924 - S	Mush	(Signad) M. D.		
	Registrar.	(Address) - A wirely the mit		
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1		

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Example I	Í	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
18			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

91

Sig. B.

1. PLACE OF DEATH  County	Asimudel.	(183)	Posiotration Dist. N	21.
710.	De Vone OV		Registration Dist. Noc	7-0
Village or City	Sacroruse (1	NoNoNorpital or insti	tution, give its NAME, instead of stre	St., War
Length of residence in city or town where	death occurredyrsmo	sds. How long in U.S. if	of foraign birth?yrs	mosd
2. FULL NAME So has 1	. Omonas			
(a) Residence: No.	**************************************	St., Ward.		
(-) ************************************	(Usual place of abode)	Juj,Waju.	If nonresident give city or to	wn and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH	ne 24	193 44
5a. If married, widowad, or divorced	- gravicy		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Desser	22. I HEREB	Y CERTIFY, That I at	tanded deceased fro
avaisy o	wy		., 1934, to	19
DATE OF BIRTH (month, day, and year)	uf 176, 1900	I last saw h alive on	, 1	9; daath is sel
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on tha data sta		
28 //	ormin.	The PRINCIPAL CAUSE OF DEA	ATH and related causos of Important	Date of onse
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Talmes.	deadental	Death	Date of onse
SAWYER, BDDKKEEPER, etc	-wowc	Drowning		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc				
10. Date decaasad last worked at	11. Total time (yaars) spent in this			
this occupation (month and year)	spent in this occupation			
2. BIRTHPLACE (city or town) (State or country)	-60	Other Contributory Causes of Imp	portance:	
13. NAME CONCA - & -	Thomas	-		
14. BIRTHPLACE (city or town)	0, 0,	Name of operation	Da	te of
(Stata of country)	Ø-X10	What test confirmed diagnosis?	Was the	ere an autopsy? 200
15. MAIDEN NAME JOURS 16. BIRTHPLACE (city or town)	In Thomas	23. If death was due to external ca	auses (VIDLENCE) fill in also the fo	ollowing:
16. BIRTHPLACE (city or town)	11 /	Accident, suicide, or homicide?	Date of Injury	, 19
(State or country)	0.100	Whare did injury occur?	/0 %	
7. INFORMANT WW - K (Addrass) Machine	Boul autal	Specify whether Injury occurred	(Specify city or town, county a in INDUSTRY, In HOME, or in PUBL	Ind State)
8. BURIAL, CREMATION, DR REMOVAL	Hagito	Manner of Injury		
Place	Date	Natura of injury		
9. UNDERTAKER Surel	Buria		way related to occupation of daceas	ad?
(Address)	soft mel.	If so, specify	1	
20. FILED 6/26 1934	14- P. Clay to	(Signad) At 11	onthing get	M. I
	A CALL	2411 N. Charles Street, Palismore, R		my Later

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20.

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	5724
1. PLACE OF DEATH		(31)	
County Come Con	undel	Registration Dist. No. 23	
Village or City Seven		No.	Mard
Length of residence in city or town where death	occurred vrs 7 mg	If death occurred in a horpital or institution, give its NAME instead of street and us.  sds. How long in U.S. If of foreign birth?ma	umber)
2. FULL NAME Well's		one long in o. a. ii or loneign bitti:yrsyrs	osds.
(a) Residence: No.	in mas	L. St. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Worth  (Month)  (Day)	193/
If married, widowed, or divorced HUSBAND of	Level Shormer		(Tear)
(or) WIFE of	ed.	22. HEREBY CERTIFY, That I attended of	iceeased from
DATE OF BIRTH (month, day, and year)	ne 4.1882	I last saw her alive on 1934	, 19022
AGE Years Months	Days If LESS than	to have occurred on the date stated above, et	; death is said
52 0	O I day,hrs.		
8. Trade, profession, or particular		were as follows:	Date of onset
	lone	Chris Edocardetes.	
9. Industry or business in which work was done, as SILK MILL,		artern Scherosio.	nne
ID. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this	Chronic Velanstated Mypute)	thon
000	occupation	Other Coutributory Causes of Importance:	
(State or country)	e co ma	7	2/
13. NAME John We	inds	Isilanmary Educa	2 days
14. BIRTHOLACE (city or town) Char	les es mol	Name of operation Oate of	
(State or country)	)	What test confirmed diagnosis? Was there an au	1'opsy 260.
15. MAIDEN NAME	rown	23. If death was due to external causes (VIDLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Charle (State or country)	es co md	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
INFORMANT John 90 (Address) Several	armer	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAI	) CE,
BURIAL, CREMATION, OR REMOVAL	7	Manner of injury	
Place St gnarks D	ate fune 7 , 1994	Nature of injury	4
UNDERTAKER Joseph Arthur (Address) 4099 mount	rdively	24. Was disease or injury in any way related to occupation of deceased?	2
FILED JAMAS 1934 luldu	vell Woodruff Registrar	(Signed) The followards	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis 3 days ago Cerebral hemorrhage Julu5.1927 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 45.795
1. PLACE OF DEATH	<u> </u>
County Of County	Registration Dist. No. 21
Village or City Amagantus	No. St., Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME CINTERS 1/4	- Les
(a) Residence: No. 91/ Charles	WITHIN COUPERATE
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22 JI HEREBY CERTIFY, That I attanded deceased from
CRATE OF CIPTURE AND A CONTROL OF THE CONTROL OF TH	19.54, to, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than 1 day,hr	to have occurred on the data stated above, at
8. Trade, profassion, or particular	ware as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Data deceased last worked at this occupation (month and	
9. Industry or business in which work was done as SI K MIII	chee broth
work was dona, as SILK MILL, SAW MILL, BANK, atc	
this occupation (month and spars)  yaar) cocupation (month and spars)	
	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)  (State or country)	nne
13. NAME Nobelson Tucker	,
14. BIRTHPLACE (city or town) - Alexander 2	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME mumil selece	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
≥ (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Henry / webes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Date 3,193	Natura of Injury
19. UNDERTAKER (Address)	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILED 6-3, 1934 AMMSely Registrar.	(Signad) lumbrae larca M.D.  (Addrass Lumafra M.D.
If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Aray or the			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Cleans Counded	Registration Dist. No.
Village or City Therald Tharbor	NoSt.,Ward
	death occurred in a hospitalor institution, give its NAME instead of street and number)
4,1.00. 1174	14
2. FULL NAME William CV, Uff	right Till
(a) Residence: No. Waller Veed Vy had (Usual place of abode)	198., Ward. Universident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
5102 1011	, 19, to, 19,
6. DATE OF BIRTH (month, dey, end yeer)	I last sew h; deeth is seld
7. AGE Years Months Days It LESS than 1 dey,hrs.	to have occurred on the date stated above, etm.
2 4 27 ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as tollows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Club Cultation
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  S. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (month and	1 1000
10. Date decesed lest worked at this occupetion (month and spent in this	Priorpry Somes Coula corporarditain
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Parties (State or country)	5.00 <sub>0</sub>
13. NAME Ofsepanore	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diegnosis? Was there en eutopsy3// Q
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Waller Rest Hoefelal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Washorphoo W. C. Date July 2, 19	Neture of injury
19. UNDERTAKER A L H of frage (Address)	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED 7 7 , 19 34 JAMINY - Registrar.	(Signed) herman to and who
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regulating O. S. Hofes C. Med

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Cerebral hemorrhage	July 5, 1927	Peritonitis 3 days ago
		(E) 20. V
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis 1 year
		0

LETTER FILED August 29, 1934
under Mr. Thos. G. Basil, JP.,
stating that doctor's examination
of body showed only ACUTE DILATION
OF HEART, - not drowning, while
bathing. One applicant in this Bureau
(by mail, name not known now) stated
rumor that deceased was "doped and
drowned". This note is for reference
only. Not for addition to certified
copies.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Clause areal	Registration Dist. No. 21
Village or City Churcholis Med	. No. 161 Treen St. 2 Wal
Landb of anidoms to the contract of	If death occurred in a hospital or institution, give its NAME instead of street and number)  s
911 (1)	
2. FULL NAME May Chuanda	2 Waller ITHIN CHIPPHATE LINE
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Terrale White OR DIVORGED (write the word)	(Marth) (Day) 193
5a. If married, widowed, or disposed HUSBAND of	(Month) (Day) (Yéar)
(or) WIFE of Thomas W. Waller	22.   HEREBY CERTIFY, That I attended deceased from
6 DATE OF PIPTU (mostly day and was) Thee 27-1845	, 19 3 , to 7 , 193
V. DATE OF BIATA (Month, day, end year)	Hast saw h alive on 193 , death is se
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
O 8 O or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	1 / sutinhal
	tion the
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Whenhe 90
Shell ( III fill 2	
yeer) occupetion	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	A Pp in se
4 B 21 71 41	- Terro (eleroses
The state of the s	1/2
14. BIRTHPLACE (city or town) 24 any land	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Auseur Teddish	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ALSO AND ROCK OF TOWN)  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
Roll Ode Mark	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Safisbury Md Date June 4 1934	- Nature of injury
Jelan 711 (Stanlar	
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?
6 13 21 CM1. 1	(Signed) I blue / luras M.
20. FILED 19 19 19 19 19 19 19 19 19 19 19 19 19	(Address) Character Tab Zen
It more blanks are needed address State Resisterar	Carry N. Charles Street Belliams Daniel 91 S. M.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 45798
1. PLACE OF DEATH	(51)
County anna annalel	Registration Dist. No. 20
Village or City Prim Lell Ind	ND. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas Lung h	ulch
(a) Residence: No. Pindell Vind (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The success of the second or seco	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorged HUSBAND of MA. Belle welch (or) WHEE OF MA. Belle welch	22.   I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw ham alive on may 3 1, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, Harris SAWYER, BDDKKEPER, etc.	were as follows:  Data of one of the survey of
kind of work done, as SPINNER.  SAWYER, BDDKKEEPER, etc.  Industry or business In which work was done, as SILK MtLL, SAW MILL, BANK, atc.  ID. Date deceased last worked at  11 Total time (years)	bladder
ID. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 50 occupation occupation	
12. BIRTHPLACE (city or town) Breatul (State or country) Anne anneded to	Dther Cantributory Causes of Importance:
13. NAME Thomas Owens Welch	
14. BIRTHPLACE (city or town) Bristle Md. (Stata or country) La Como	Name of operation Date of What test confirmed diagnosis Lay Was there an autopsy? M.D.
15. MAIDEN NAME Jusan Plum must	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Chancey 10 (State or country) Calout Eo, Mil	Accident, suicide, or homicide? Data of injury, 19 Whera did injury occur?
17. INFORMANT Won S. Welch (Address) Brus tol, Med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place VIII Juony Date 6/2 1984	Manner of injury
19. UNDERTAKER Reference Brown and Charles Markey	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED Off, 134 MA Clay to	(Signed) Cerry dy Hasser M.D.  (Address) lipper mailturing
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILED.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

That I attanded decaased from

Wes there an autopsy?.

Data of injury \_\_\_\_\_ 19

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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1. PLACE OF DEATH		——————————————————————————————————————	
County a. a. Co.		Registration Dist. No. 2-3	3 ~
Village or City Linth	eur	NoSt.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death			
2. FULL NAME TUMES	Lloyd of	Vesley	
(a) Residence: No.	/	St., Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICA  3, SEX 4, COLOR OR RACE 5.		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 <b>/</b>
5a. If married, widowed, or divorced .	111		
HUSBAND of College A	Willy	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Mee	43-1870	I last sew h alive on leave 11 19 c	
7. AGE Yeers Months	Days   If LESS than	to have occurred on the dete stated above, at 2 P. m.	., quatri 10 Juli
641	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	1	Insontori of Caronary apracu	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	armer!	V angina Pectores.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceesed last worked et			
-   this occupation (month and	11. Total time (years) spant in this		
year)	occupation	Other Coatributory Causes of Importance:	
12. BIRTHPLACE (city or town)	0		**
(State or country)	a firm	Chario Veleroses	294
13. NAME William 1	C. Willey		
14. BIRTHPLACE (city or town) (Stete or country)	Tinal	Name of operation	
	100	What test confirmed diagnosis? Was there an	
I many	ya comur	3. It death was due to external causes (VIOLENCE) fill in also the followin	
2 16. BIRTHPLACE (city or town) (State or country)	and Ind	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
market	xUIn . P.	Specify city or town, county and Sta	ite)
17. INFORMANT (Address)	N. H. J. N. Cuy	Specify whether injury occurred in INDOSTRY, In HOME, or in PUBLIC PL	LACE,
18. BURIAL, CREMATION, OR REMOVAL	ye ned	Manner of injury	
Place Translatufe D	ato SMM14, 1934	Nature of Injury	
Huy 1-i	in the	24. Was disease or Injury In any way related to occupation of deceased?	100
19. UNDERTAKER (Address)	nal	If so, specify	
20 FILED June 12 1934 Paldy	rell Handrull	(Signed) James S. Bellingoles	M. D.
20. FILED JUNE 12., 1837 - UNAU	Registral	(Address) Lless Burnes.	md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		JUL 8 4564	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

	state UPA-		CERTIFICATE OF DEATH
		1. PLACE OF DEATH	
1	onld OCC	County Anne Arundel	Registration Dist. Np.
	should of OCC	Village or City Crownsville State Hospi	No. St., Ward
		Length of residence in city or town where daeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	Eve	2. FULL NAME Benjamin Williams	
	RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. Howard County, Meryl	angt. Ward.
	OR HY t s	(Usual place of abode)	If nonresident give city or town and State
	RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
rk	L X	a. SEX  4. COLOR OR RACE  black  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  June 12th  (Month) (Day) (Year)
Z	RMANENT X A C T L Y classified.	5a. If married, widowad, or divorced HUSBAND of	
BINDIN	A A assi	(or) WIFE of Unknown	22. I HEREBY CERTIFY, Thet I attanded deceased from May 2rd 19 34 to June 12 19 34
Ä		6. DATE OF BIRTH (month, day, and year) 1852	I last saw h 1 m alive on June 12th 19 34 death is said
	D - 10	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:55 A. M.
FOR	IS A stated proper ertific	82? Unknown 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
F	sta sta pro	& Trade profession or perticular	General Arteriosclerosis
RESERVED	HIS be be of	8. Trade, profession, or perticular kind of work done, es SPINNER, Laborer SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Deto deceased last worked at this occupation (month end spent in this spent in	
\ <u>\times_1</u>	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
田田		SAW MILL, BANK, etc	
ES	1 m + 0	this occupation (month end spent in this occupation	
	AGE that ions o	Monuland	Other Contributory Causes of importance:
K	d. So sucti	12. BIRTHPLACE (city or town) 12. State or country)	Senility ?
MARGIN	UNFADING supplied. AGI n terms, so tha ee instructions	置 13. NAME Oliver Williams	
A	5 4 4	13. NAME Oliver Williams  14. BIRTHPLACE (city or town) Unknown	Name of operation
1		(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
4	X, WITI carefully H in pla	15. MAIDEN NAME Lottie (Unknown)	23. If death was due to external causes (VIDLENCE) fill in elso the following:
	INLY, WI be careful EATH in primportant.	15. MAIDEN NAME Lottie (Unknown)  16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide? Data of injury 19
4		(Stata or country)	Whera did injury occur?
		17. INFORMANT Hospital Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	PLA hould OF D	(Address), Crownsville, Maryland	
	E sh	18. BURIAL, CREMATICAL, OR REMOVAL O	Manner of injury
	SIT Ion	Plate Date , 19 0 7	Nature of injury
H	-WRITE mation sl CAUSE TION is	19. UNDERTAKER Saston Souto	24. Was disease or injury in any way related to occupation of deceased?
S. No. 1	B.	(Address) Ellerath Cuty	If so specify
(V)	z T	20, FILED 6/12 - 34, 19 57, Joyce	(Signed) M. D
>	Day!	D. L. Registrar.	(Address) PrownEville, Maryland
	/ Nh	Libeon Cemetary If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	BURRATEVIS	3		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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